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PEPTIC ULCER*

J. KNOX SIMPSON, M.D., F.A.C.S.,
Jacksonville.

There are certain known facts and certain rather speculative theories relative to the cause of peptic ulcer which, when taken together, form a plausible background upon which to build up an explanation of the widespread prevalence of this disease. A review of the conditions which are probably at work in the production of an acute ulcer and its conversion into the well-known chronic type will serve to indicate the principles upon which our treatment of this condition should be based.

The factors which seem to be necessarily at work in the business end of the stomach if we are to have an ulcer form and become chronic are as follows:

1. Irritability of the pyloric region, giving rise to hyperactivity of the expulsive forces of the ampulla and to spasm of the pyloric muscle.

2. Hypersecretion of acid, and accumulation of hyperacid contents, giving rise to increased chemical irritation.

3. Increased impact of the rough elements of the diet (from increased peristaltic force) against both the lesser curvature of the stomach, the more fixed portion, and the first portion of the duodenum, the ulcer area.

What serves to set in motion these factors, which when once under way are interdependent and involved in a vicious circle of pylorospasm, increased peristalsis, increased secretion, increased acidity, increased chemical and mechanical irritation, and back to pylorospasm again?

First, we know that ulcer practically always occurs in the most active period of life, most often in males, and in those males who are in the midst of great mental activity and stress. It rarely occurs in Morons, or in the lower order of man or in animals. Dr. Crile thinks that the ulcer victims fail to rationalize their mental stimuli from without, and that these stimuli are transferred by the autonomic nervous system to the thyroid and adrenal glands. These in turn step up all metabolic processes, giving rise in the stomach to increased secretion, increased peristalsis, increased acid production, increased irritability of individual cells, and increased electrolysis at the neutral point between the acid contents of the stomach and the alkaline tissues of its wall, and at the neutralizing point where the acid stomach contents meets the alkali of the duodenum. His observations are borne out clinically by the presence of hyperacidity and hyperperistalsis of the stomach in patients with hyperthyroidism and the reverse in those with myxedema. Upon the basis of the above pretty theory it is possible that certain cures of ulcer by Christian Science are tracable to mental equanimity, resulting in cessation of thyroid stimulus, and thus in gastric stimulus with its increased acid and activity, constituting as it were a mental Sippey treatment.

Infections of a focal character can undoubtedly exhibit a selective action for the mucosa in the ulcer areas, and produce a duodenitis and acute ulcer, as demonstrated many times by Rosenow. This in turn may, it seems, inaugurate the vicious circle which once under way carries the process on to chronic ulcer formation.

Extragastric lesions such as appendicitis or cholecystitis at times produce pylorospasm which, it is true, may begin as a protective measure, an effort to automatically shut off the digestive stream at its source in order to protect regions of trouble below, but which may project itself over from the field of physiologic response to that of pathologic physiology. This may, it would seem reasonable to believe, give rise to chronic spasm of the pylorus with its train of necessarily increased peristalsis of the stomach, increased acidity, increased force of propulsion, providing the necessary increased chemical and mechanical trauma for the production of an ulcer. Judd has proven the entity of pre-ulcer duodenitis by pathologic section, and Deaver advocated and practiced subperitoneal resection of the anterior half of the pyloric ring as a prophylactic measure in these pre-ulcer syndromes.

Mann has been repeatedly able to produce

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chronic jejunal ulcers in animals by shunting the alkaline duodenal contents into the ileum and emptying the acid gastric contents into the jejunum, devoid of its alkaline content. The ulcers form at the point where the acid gastric contents strike the mucosa of the jejunum which is unprepared for fluid of acid reaction. They occur about one month after operation, and have all the characteristics of chronic ulcers in the human being. This tends to add experimental proof to the assumption that chemical and mechanical trauma have an important part in the formation of ulcer of the stomach and duodenum, and of jejunal ulcer following gastroenterostomy.

We turn now to the diagnosis of peptic ulcer. This is not difficult if one will take the time and patience to thoroughly investigate each case of chronic dyspepsia and not prescribe some pet digestive medicine without first making a complete study of the case. It is not a rare disease by any means. Autopsies of thousands of cases show an incidence of peptic ulcer, either active or healed, in about 10% of the cases. Lahey, in a recent paper on this subject, states that one in 23 patients entering his clinic on all services during last year, proved to have peptic ulcer. I know of no disease which comes so clearly labeled in the patient's story of his illness, the crux of which is a distinct periodicity of symptoms and a very definite relation to the intake of food. The distress is one of gnawing and burning in the epigastrium, coincident with and caused by active secretion of acid and muscular spasm, which is definitely relieved by neutralization of the acidity and relaxation of the spasm. This has usually been found out by the patient who states that he takes soda or food and obtains relief. The periodicity of the symptoms and the tendency for them to recur is probably due to a constant tendency of the ulcer to heal, and a recurring trauma to the granulating base or to the thin primary epithelial covering before it has had time to proliferate to the normal thickness.

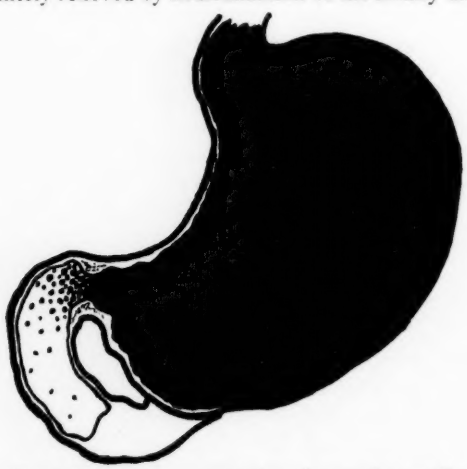


Fig. 1. Schematic representation of normal neutralization of acid chyme as it passes through a normal pylorus. Legend: Black = acid; White = alkali; Shaded = admixture of acid and alkali.

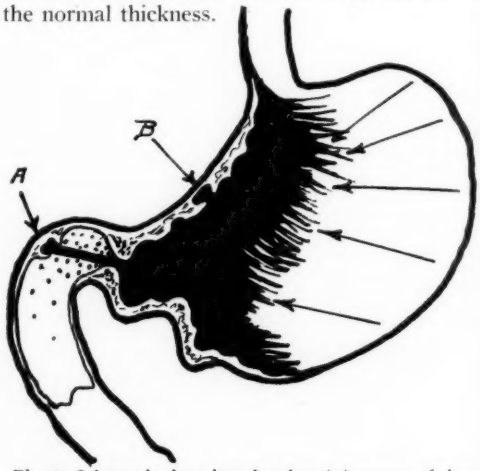


Fig. 2. Schematic drawing showing (a) crater of duodenal ulcer at the site where acid chyme strikes the duodenal wall in a small forceful stream due to spasm of pylorus, hypertrophy of stomach wall and hyperperistalsis; (b) crater of gastric ulcer on lesser curvature. This is the more fixed portion of the stomach and bears the brunt of the forceful propulsion of gastric contents against it, the arrows indicating the lines of force. It is therefore subjected to both mechanical and chemical trauma. Legend: Black = acid; White = alkali; Shaded = admixture of acid and alkali.

When out of the parade of chronic dyspeptics passing through the hands of the physician he has picked the ones with probable ulcer, which only requires a careful history to do, he should subject these to the further study of gastric contents analysis, search of the stools for occult blood, and X-ray study with the opaque meal. It is highly essential that the diagnosis be positively made if an ulcer is present, because treatment, to be effective, whether medical or surgical, is going to require a great deal of time and patience on the part of both physician and patient in order to effect a lasting cure.

The principles underlying the treatment of peptic ulcer, whether it be medical or surgical, very naturally involve an attack upon the forces at work in its production. This means:

1. Removal of foci of infection which may harbor organisms with a specific selective action on the gastric and duodenal mucosa.

2. Neutralization of the excessive acidity of the stomach contents.

3. Relief of the spasm of the pylorus and of the hyperperistalsis of the stomach.

4. Withdrawal of the traumatizing elements of the diet.

Let me say at the very outset that I feel that the accomplishment of the above objectives requires very earnest thought on the part of both physician and surgeon, and usually their joint cooperation, in order to decide in each individual case the best course to pursue in order to affect a cure with the least danger, loss of time and loss of money to the patient. I think the day is past when physicians or surgeons can blindly advocate their particular line of attack on this problem as either the only one or the best one for all cases.

Taking up the objectives of treatment singly, and viewing in a judicial frame of mind, the methods of attack offered in each objective by the medical and by the surgical treatment, we will see that the same general principles guide them both.

1. The removal of foci of infection belongs usually to the surgical specialties, and should be done in all cases, whether under medical or surgical treatment. The removal of intra-abdominal lesions such as chronically inflamed gall-bladders or appendices of course comes under the surgical management, and in a certain considerable proportion of cases provides one reason for the adoption of surgical in preference to medical treatment.

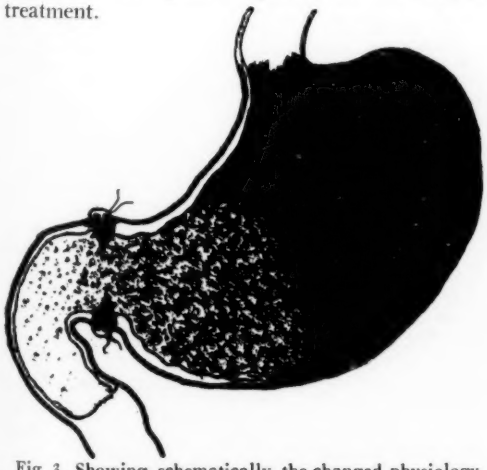


Fig. 3. Showing, schematically, the changed physiology at the pylorus following a resection of a duodenal ulcer and a pyloric reconstruction after the plan of Judd. Legend: Black = acid; White = alkali; Shaded = admixture of acid and alkali.

2. Relief of spasm of the pylorus and hyperperistalsis, and neutralization of the excessive acidity can be grouped together in treatment. It is accomplished in the medical regimen by rest in bed, the hourly administration of large enough doses of alkalis to neutralize the acid, and of a milk and cream diet at frequent intervals. This gives a very bland mixture in the stomach at all times, avoiding all stimuli of a chemical or a mechanical nature, and therefore putting the ulcer area at rest and allowing healing to take place. This will undoubtedly occur in a large majority of the acute ulcers and in a considerable number of the chronic ones.

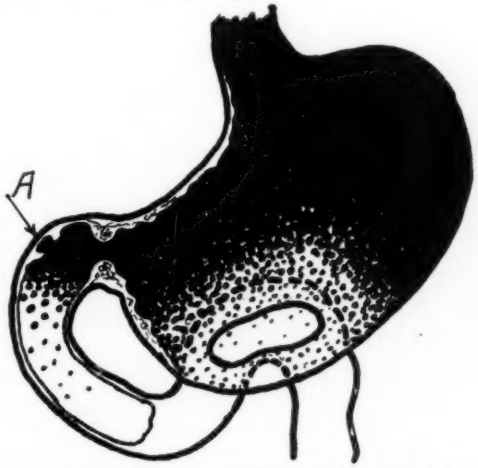


Fig. 4. Schematic representation of changed physiology following gastrojejunostomy. (A) Crater of duodenal ulcer. Note spasm of pylorus and admixture of stomach and jejunal contents at gastrojejunostomy opening. Legend: Black = acid; White = alkali; Shaded = admixture of acid and alkali.

Surgery attacks the same problems in a different manner, supplemented by the use of some of the same means. In the simple small ulcers of the duodenum this is probably best accomplished by resection of the ulcer area, destruction of the contact ulcer, if there be one on the posterior surface of the duodenum, resection of the anterior half of the pyloric muscle, and closure of the wound as a pyloroplasty. This immediately accomplishes three things: first, the removal of a calloused ulcer which is slow to heal, and with it the possibility of perforation and hemorrhage; second, the cessation of pylorospasm, and the institution of better drainage to the stomach, because the pyloric ring is cut, and can no longer close the pyloric opening; third, alkalinization of the acid gastric contents as it is secreted, by a reflux of

alkaline duodenal contents into the stomach through the open pylorus.

In the larger ulcers with partial obstruction and fixation of the duodenum, these same objectives are accomplished by a gastrojejunostomy, which immediately affords better drainage to the stomach, thereby lessening the spasm of the pylorus.

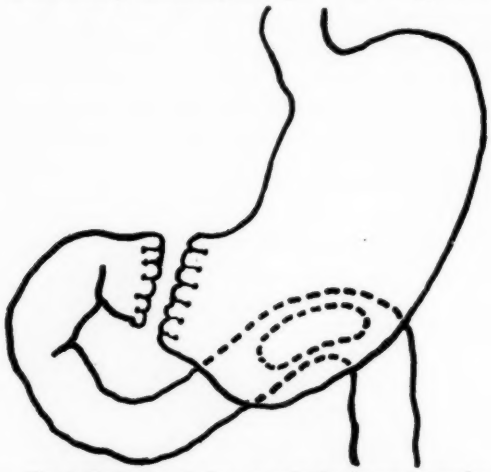


Fig. 5. Exclusion of ulcer area in duodenum by section above pylorus, closure of ends of stomach at section and gastrojejunostomy. This is a useful procedure in certain cases of large, thickened duodenal ulcers.

Alkalanization of the stomach contents is accomplished by a reflux through the gastroenterostomy opening.

In those large, fixed, and recurrently bleeding ulcers it is sometimes advisable to section the stomach just proximal to the pylorus, close the ends and add a gastroenterostomy. This puts the ulcer area at complete rest, allowing no food to pass over it, and yet is not a procedure of the magnitude of pyloric resection.

Resection of the pyloric end of the stomach, taking away the acid-manufacturing area, and reestablishing the gastrointestinal continuity, as advocated by Finisterer, Haberer, and some of the New York surgeons, for duodenal ulcer, seems to most surgeons of wide experience in this country to be too radical a procedure for this type of lesion. Statistics would indicate that the mortality of this operation, even in very experienced hands, is about as high as the rate of recurrence of ulcer symptoms in the less radical procedures. The avoidance of this recurrence constitutes the main objective for which the more radical operation is advocated.

3. Withdrawal of the traumatizing elements of the diet is the same in both medical and surgical treatment, and consists of removal of chaff, cellulose strings, and condiments, plus the provision of some sort of bland food in the stomach at all times. The post-operative management of the surgical cases is quite the same in this regard as the medical management, except for the length of time it must be kept up.

Now, then, given a case of peptic ulcer, where the diagnosis is positive, and has been confirmed as certainly as can be done without intra-abdominal inspection, what are we to advise the patient, and what shall guide us in this advice? This is a difficult question to answer in many cases, but there are guides which we may use, and which have been arrived at by the joint experiences of many careful observers in handling these cases. A process of sorting the cases into medical and surgical groups can be readily done for a part of the number; the remainder become difficult.

First, those which go immediately into the surgical group are:

Acute perforations; repeated and severe hemorrhages; ulcers which have not responded to careful medical treatment, or show evidences of recurrence in spite of good medical treatment; pyloric obstructions; and last, chronic gastric

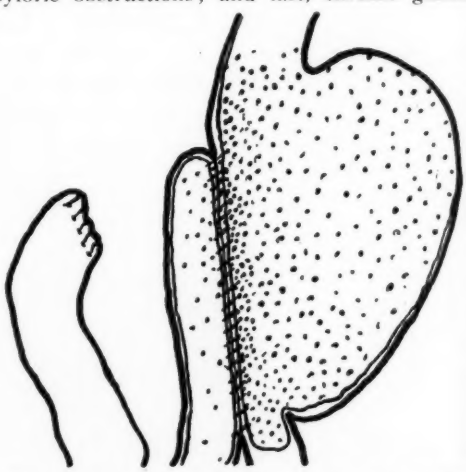


Fig. 6. Schematic representation of altered physiology in pyloric resection. Note the scarcity of acid. Legend: Black = acid; White = alkali; Shaded = admixture of acid and alkali.

ulcers which cannot be so completely cured that they leave no X-ray evidence of their former presence. It is impossible to say in any of the others that any given ulcer is not malignant or will not become so later.

Secondly, there are those which go immediately into the medical group, which are:

All acute, recently-formed ulcers of either stomach or duodenum; all chronic ulcers which come for the first time for a complete study, and have had no systematic, well-controlled medical treatment in the past, except those gastric ulcers associated with anacidity.

Someone has aptly said that we should have better indications for surgical treatment than "Perforation and Pauperism," indicating thereby that one's economic status has influenced some surgeons to advise operation because the patient could not afford the loss of time necessary to the carrying out of medical treatment. I think this is quite an important consideration. It has certainly proven its importance in my own experience. I think we must all admit that this problem, like many other ventures, does not work out as well in practice as it does on paper. It is all very well to say that we will place the patient in bed on the Sippey regime for six weeks, then guard the diet rigorously afterward, pumping out the stomach at weekly or bi-weekly intervals, testing for acidity for months, checking the X-ray appearance of the ulcer every few weeks, and if after all of this the ulcer remains, we will place it in the surgical column. Tell a patient this, however, and let him begin to figure up how much time, trouble and expense it will involve, and a considerable percentage of them will decide that they cannot afford (in the words of W. J. Mayo) "To make a pet of their ulcer." They want a short-cut to cure. A good many others will try it for a while and then get so tired of the restrictions as to diet, and as to their goings and comings, that they will prefer to take the risk of operation rather than continue with the medical treatment, and the more or less constant fear that the ulcer is going to perforate while they are out on a hunting or fishing trip in the woods. We must not forget that we are treating a patient with an ulcer, and not an ulcer with a patient attached to it.

When the patient is a candidate for operation, I feel that the choice of operation, like the choice between medical and surgical treatment, should be a very individual choice, based upon the general condition of the patient, the conditions found at the time of the operation, and that no single operation is always the best one. My own choice of operations is about as follows:

In small, simple duodenal ulcer, where the duodenum is mobile, or easily mobilized, I greatly prefer resection of the ulcer and the anterior two-thirds of the pyloric muscle with a pyloroplasty.

In duodenal ulcer, where the ulcer is large and thick, and the duodenum pretty well fixed, I prefer gastrojejunostomy.

If there has been much bleeding in the latter type, I prefer section of the stomach just proximal to the pylorus, closure of the ends and gastrojejunostomy rather than the more radical resection.

In gastric ulcer which has not been completely cured by medical means, I feel that resection is the operation of choice and the only one which should be done unless the patient's condition will not permit so radical a procedure. In these cases which cannot stand resection, I feel that the next best choice is cautery destruction of the ulcer with gastrojejunostomy or simply the latter.

TRANSURETHRAL RESECTION OF THE PROSTATE*

LOUIS ORR, M.D.,
Orlando.

The average peruser of current medical periodicals has probably read with considerable interest during the past several months the numerous articles and discussions appearing on the subject of transurethral prostatic resection.

Perhaps, too unfortunately, have the majority of these writings tended only to glorify the procedure and depict only the one side of a situation which most deservedly demands a just consideration of its merits and its deficiencies. It is perfectly true that the operation of resection of the obstructing prostate gland through the urethra opens a field of great promise to both the urological surgeon and to the sufferer with prostatism. I cannot help but feel that the method can only be evaluated for its true worth by two most valuable factors which make the pathway of scientific progress most certain, time and experience.

In the hands of those who have performed hundreds of this type of operation it has been conclusively demonstrated that the procedure of prostatic resection is here to stay. It does represent a tremendous step forward in the relief of prostatic obstruction. It opens a new field of preventive medicine and it is to be hoped that the patient with the characteristic urinary symptoms which precede complete urinary obstruction will

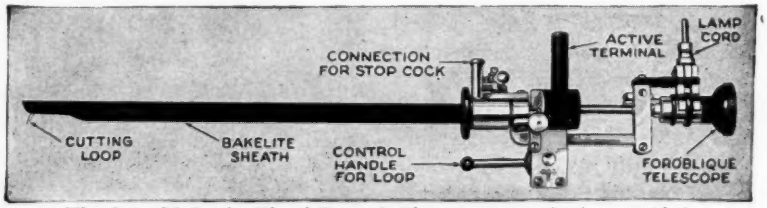
*Read before the 4th Annual Meeting of the Florida East Coast Medical Association, Jacksonville, Oct. 28, 29, 1932.

seek early relief rather than wait until irreparable damage has taken place and present the usual prostatic risk with which we are so commonly confronted today. It is likewise to be hoped that the family physician will be so acquainted with this procedure and its relative freedom from the dangers commonly associated with prostatectomy that the patient will be advised to seek early relief.

The history of the development of prostatic resection began as early as about 1825 when Civiale described in detail the median bar formation of the prostate. It remained for Mercier, however, at a somewhat later date, to design the first so-called "punch" instrument for removal of the bars and contractures of the bladder neck. Bottini, in 1874, attempted to apply the galvanic current in the form of a cautery to remove prostatic obstruction. In 1900 Fruedenberg equipped the Bottini instrument with a visual system which was the forerunner of the modern cystoscope.

The galvano-cautery instrument was used later on in this country by Fuller, McGowan and others, but the procedure proved unpopular because of its imperfection and all but fell into disuse. In 1910 Beer began to use the monopolar Oudin current to destroy certain bladder growths and suggested that it be used to destroy obstructing prostatic lobes. About the same time Young introduced a punch bearing his name which is only a modification of Mercier's instrument. This instrument proved generally unsatisfactory because of hemorrhage and poor vision of the bladder neck. Caulk in 1920 added the cautery punch which proved a great advance in controlling hemorrhage. Two years later Collings introduced the radio-electrotome for use with the bi-polar current for tunneling through bars and contractures. It was not until 1926 that Stern presented the resectoscope, the principle of which is embodied in all of the present day instruments. It is to his vision and inventive genius that all credit should be given for a contribution that has revolutionized surgery of the prostate gland. However, because of the lack of a suitable current for controlling hemorrhage and other structural defects the method was not enthusiastically received and very soon was all but discarded. During the following year the foundation work of Stern was taken up by Davis who by virtue of great mechanico-electrical ability was able to develop suitable currents both for cutting and the control of bleeding under water, likewise remedying many of the defects of the original Stern instrument. By the work of Davis has the procedure been brought up to its present standard of perfection and most certainly he is deserving of the highest praise to have carried on in face of the steady fire of criticism from all quarters. Through all this period McCarthy, in cooperation with Mr. Wappler, working upon the principle evolved by Stern, presented last year the McCarthy Resectoscope which now has come to be considered by many a superior instrument to the Stern-Davis.

The operating mechanism of the McCarthy instrument is of the same type as the Stern-Davis but has the advantage of a direct system of vision embodied in the McCarthy Panendoscope telescope which has long been a part of the armamentarium of almost every urologist. Another very superior feature of the McCarthy instrument is that the excursion of the cutting loop takes place from within out and the loop is seen as it makes the cut whereas the Stern-Davis loop moves from without into the bladder and the loop is only seen as it is placed against the tissue and cannot be followed clearly as with the McCarthy instrument. From my own experience, the fact that the McCarthy Resectoscope has no fenestrum into which the tissue must be forced but is so arranged that the loop can be placed at will out over the obstructing tissue at the open end of the sheath is a decided advantage. Much of the trauma and hemorrhage that oftentimes is occasioned by forcing tissue up into the fenestrum of the Stern-Davis instrument is thereby eliminated. Although Dr. Davis has been able to remove large bites of tissue with this type of fenestrum, I do not feel that his success has been shared with many others who have used both instruments and



The Stern-McCarthy Visual Prostatic Electrotome completely assembled.

The presence of so many small pieces of tissue as shown above represents the necessity of removing all small tags that may remain in the vesicle outlet. This patient had a residual of over 30 ounces which was completely relieved after removing 8½ grams of tissue.

the McCarthy instrument is being generally conceded to remove more tissue at each bite than the Stern-Davis.

As has been stated, the operation of resection has been made practical and possible by Davis in that he perfected the control of proper types of electrical currents for both cutting and the control of hemorrhage. In cooperation with manufacturers, a spark gap machine, known as the Davis-Bovie unit, was soon introduced, which housed both types of current and which proved eminently satisfactory. At about the same time the McCarthy-Surgical unit was announced by Mr. Fred Wappler, a tube type machine having also provisions for medical diathermy. This machine has rendered splendid results. The Westinghouse Electrical Company are also manufacturing a spark gap machine, the Endotherm F, which is for all practical purposes the equal or superior of the other two. It develops a splendid cutting current which is easily controlled and a coagulating current that is quite satisfactory for the immediate and complete control of any bleeding that might be encountered. The instrument is of small size and easily portable, thereby being a very great advantage to those working in different institutions not having equipment for prostatic resection.

Some operators have claimed the cutting current of a certain machine to be so superior that bleeding is so slight that a coagulation is only necessary at the end of the operation. This contention I believe to be unfounded and my feeling is that the pathological structure of the tissue to be removed is the prime factor in the amount of bleeding. I have found the greatest amount of bleeding is in the hyperplastic type of prostate and quite naturally the least bleeding in the hard fibrous type. The adenomatous prostates have proved somewhat vascular but when fibrous tissue changes have taken place the vascularity is markedly decreased. Another factor which seems to be important in the amount of bleeding is the rapidity in making the cut. A slow cut made at a regular sustained speed and carried through the entire distance before the current is released will greatly minimize hemorrhage. Not less than six to nine seconds for each cut should be used. Another factor which has not heretofore been emphasized that should tend to lessen bleeding at the time of resection is the proper amount of rest given the bladder and prostate prior to operation. The criteria of the amount of drainage to be given the patient before the operation has long been the amount of residual urine present and the amount of kidney damage as evidenced by kidney function tests and the nitrogenous content of the blood stream. The patient with a large prostate giving symptoms of great urinary difficulties without residual urine and with normal blood chemistry is generally considered safe for almost immediate operation. If the same rule applies to prostatic resection, the operator will have much more difficulty with bleeding than if the same bladder had been placed at rest with an indwelling catheter, and the prostate allowed to shrink in size which it will certainly do if it is given proper rest. It is my belief that congestion in the enlarged prostate is

9½ grams of tissue removed from a patient who presented a complete regrowth following an alleged prostatectomy 15 years previously. This illustrates the size of sections removed with the resectoscope.

not due to the presence of residual urine but to the constant irritation to which the gland is put in frequent efforts to empty the bladder. An enlarged congested gland without residual urine will reduce in size with proper rest as readily as the gland which has produced a large residual urine. Certainly if all candidates for prostatic resection are meticulously prepared in this manner the operator will have a much easier time performing the resection and more can be accomplished in a shorter period of time.

The operation of prostatic resection with its hospitalization period of from three to seven days and a mortality rate of less than one per cent can hardly be compared with the operation of prostatectomy with a hospital period of from several weeks to several months and a mortality rate among all the operators of about fifteen to thirty per cent. The great economic saving to the patient and the minimal risk involved is certain to cause a tremendous decrease in radical prostatic surgery and few patients, indeed, will submit to prostatectomy when resection will give the same results with no risk. In all fairness to the patient with prostatic obstruction he should certainly be given a most thorough urological examination to determine whether or not he can be relieved by resection and the time is not far off when every patient will demand it.

The modest number of cases upon which I have performed resections, some twenty-odd, hardly represent enough from which to draw conclusions. If it were not for the fact that others have shared like results in their earlier cases I would hesitate to relate my experiences; I cannot say that my work has met with the same glowing success as has that of Davis. His latest reports comprise over four hundred operations without a fatality and his postoperative results have been most excellent. I really feel that if Davis had encountered more difficulties and stressed more dangers of the procedure it would have been treated with greater respect and a great many patients would have been saved from disaster in inexperienced hands. I wish to stress the fact that the operation is not just a minor operation easily performed. It requires a thorough knowledge of the normal and abnormal anatomy of the prostatic urethra and bladder neck. The self-styled cystoscopist without surgical training who starts out with a resectoscope will soon find the path no easy one and very likely will come to grief.

The ages of the patients in my small series have varied between fifty-nine and eighty-three. I have had one fatality, not caused directly by the operation. I have had to open one bladder because of severe hemorrhage and have had one failure in that the patient could not void after the operation. In this particular patient I encountered a large pedunculated subcervical lobe which inclined to the right side of the vesical orifice. It had shaped itself so snugly up against the right lateral lobe that to all cystoscopic and endoscopic views it seemed to be a large lateral lobe. After removing about seven grams of tissue from this obstructing gland there appeared to be a quite satisfactory canal from the veru to the trigone. On withdrawing the retention catheter two days later the patient could void only a very small stream. Later, upon opening the bladder, it was found that the base of the lobe had been almost cut away and that the lobe moved over the vesical outlet in the manner of a ball valve. This same patient, representing my single mortality, expired at a later date because of infection which originated between the layers of the triangular ligament and produced a cellulitis between the fascial planes of the abdomen. The patient who necessitated cystostomy for control of hemorrhage was the second case in the series. I feel that the hemorrhage was due to too much haste and too rapid cuts being taken without proper regard for the control of bleeding. The gland was of the hyperplastic type and quite large, but without residual urine. The patient had suffered from great frequency over a long period of time and the tissue was most vascular even at the time of cystoscopy. After removing a considerable amount of tissue, I must confess more or less hurriedly, I found myself blinded by severe arterial bleeding. Several attempts to coagulate the bleeders proved unsuccessful and a rapid cystostomy was resorted to. The bleeding was quite readily checked by packing and sutures. The patient made an uneventful recovery and was able to void a large stream as soon as the cystostomy wound closed. The view of the bladder neck following resection was very interesting, but I trust that I have taken my one and only look under such circumstances.

The types of glands encountered have been varied. The majority have been bilateral and posterior-commissural lobe hypertrophy and next in frequency the posterior-commissural

type. Two rather dense bars and one sclerotic contracture were among the group. Strangely enough, no malignancies of the prostate were encountered in the series. Three cases were complicated by bladder stone, fortunately small in type and causing little difficulty. Three patients were examined during the period of this series and were judged unsuitable for resection. Two were referred back to their respective physicians and from the other I removed a tremendous prostate weighing six and one-half ounces. In refusing resection for these patients I based my decision chiefly upon the amount of intrusion of the lobes into the bladder and the length of the prostatic urethra. The rectal examination I have found to be of but little value in the determination of the amount of obstruction.

The freedom of these patients from post-operative shock and infection has been remarkable. In only two instances has there been a temperature as high as 103° with only slight chills. The

Model F Endotherm mounted on Mobile Table.

majority registered a postoperative temperature of about 100° which is not unusual for any urethral manipulation. There have been no renal complications whatever. There have been no instances of secondary hemorrhage necessitating coagulation. I have found quite a number of patients who have some slight terminal bleeding between the 10th and 15th day at the period when the coagulum begins to slough. After the operation a Robinson catheter, size 22, is usually put in place to give rest to the bladder and to lessen the chances of secondary bleeding. I have found the rule of not removing the catheter until the urine is fairly clear as the most satisfactory to follow which is usually within 48 to 72 hours. Some patients will void a strong, forceful stream at once, whereas others, because of edema of the outlet will void only a small stream which improves in size and force as the edema subsides. There have been several patients who had some dribbling and loss of control following operation from which they recovered in a few weeks. All patients have been able to void a good forceful stream and none in so far as I know have shown any diminution since operation, but only a few months have elapsed since the first resection was done.

The anesthesia used in these cases has consisted of injections of procaine hydrochloride into the lowest spinal foramen. The administration of from 100 to 150 mgs. of this drug has given excellent results. The fall in blood pressure has been found to be negligible provided the solution is administered quite slowly. The anesthesia produced will retain its effectiveness for two to two and one-half hours. A low spinal anesthesia is more quickly and much more easily administered than the combined trans-sacral and caudal injections and certainly gives the highest degree of so-called block anesthesia obtainable. I feel that it only remains for the fear so many have of spinal anesthesia to be dispelled before it will supersede entirely the trans-sacral method.

At this point I would like to mention the air cystogram as a valuable diagnostic adjunct to the cystoscope and rectal examination in the determination of the amount and relation of obstructing tissue. The method has long been stressed by Ballenger and gives an excellent view of the amount of prostatic tissue protruding into the bladder and enlarges one's comprehension of the obstruction considerably.

The amount of tissue removed has varied from 1½ grams in the bar formations to 8 grams in the adenomas. Davis states that he has removed as much as 45 grams at one operation, but many urologists are questioning the advisability of

attempting to excavate the entire prostate gland. Caulk, through years of work and teaching, has shown conclusively that the removal of small amounts of tissue which constitute the actual obstruction will result in the decrease in the size of the gland which in many instances has proven permanent. McCarthy likewise feels that it is the release of the intracapsular tension which relieves the congestion of the prostate and causes the gland to decrease in size. If this be true the operation of prostatic resection will become a tremendous success and its results will be equal, if not greater than total prostatectomy. Davis reports that 25 patients in his series had previously had prostatectomies performed and feels that that particular fact is a triumph on the side of resection. In this he will not find many in accord for it is only reasonable that if the gland will undergo a complete regrowth from some small bit of unremoved prostatic tissue following prostatectomy a regrowth following resection will be all the more rapid for only a relatively small proportion of the prostate can be removed. Only time will give us our true results and as yet no one is in a position to be positive as to what will happen to the patient with a resected prostate 10 or 15 years hence. But whatever that result may be, repeated prostatic resections are far more preferable than one prostatectomy. When more is known, as undoubtedly soon will be, about the pathology of prostatic obstruction, not from a standpoint of what the microscope reveals but from a standpoint of the rate of growth of the different types of cellular elements of the prostate under different conditions, then can we be dogmatic in our claims.

RELATION OF THE CANCER PROBLEM TO PUBLIC HEALTH*

GERRY R. HOLDEN, M.D.,
Jacksonville.

As a public health problem, cancer differs materially from that of many other diseases since the question of contagion, or transmission from person to person, is not involved. Therefore, there is no consideration of any specific preventive measures whereby the occurrence of cancer may be prevented and the spread of the disease thereby controlled.

The interest of public health in this condition depends not only upon the high mortality rate of cancer, as shown in vital statistics, but also on the fact that within recent years this mortality rate has been increasing rapidly.

In 1900, tuberculosis, with a mortality rate of 201.2 per 100,000, took first place among the causes of death in the United States, while cancer, with a mortality rate of 63, stood in sixth place. In 1929, tuberculosis had fallen to sixth place with a mortality rate of 76, while cancer had risen to second place with a mortality rate of 96 per 100,000 population, an increase of 52 per cent for a 30-year period.

In Florida vital statistics, as supplied to me by Dr. Thompson, show an even more rapid rise in death rate. In 1917, the total deaths were 378, a rate of 41.4. In 1926 the rate had risen to 68.3 while in 1931 the total deaths were 1,072, a death rate of 71.2 per 100,000 population; an increase of 69½ per cent for a 14-year period.

These figures should not be interpreted as meaning that the actual number of cancer cases in existence have really increased at this rate. A number of factors must be considered before drawing final conclusions. Great improvement has taken place in the collection of vital statistics. The great advances which have been made in medical education and the training of physicians have made the average doctor a much better diagnostician than he was some years ago. More cancer cases are recognized today. Moreover, due to improved conditions, we now have a larger proportion of our population of the "cancer age," middle life and beyond. This last factor applies especially to our own State, on account of the large number of the middle-aged who are included in our annual tourist population.

While these factors must account for some of the apparent increase in the number of cases, it seems impossible for them to account for all. It is generally conceded that, in spite of improved methods of diagnosis and treatment, and in spite of the efforts made to get cancer cases early when they have a chance of being cured, cancer, both from the standpoint of numbers and of percentage, is actually increasing.

The problem of controlling cancer, of reducing in some way the enormous number of deaths which are caused by it, naturally differs from that of many other problems of public health. It is hampered by the fact that the ultimate etiology of cancer is unknown; that cases must be reached in the early stages if they are to be cured; but more than anything else, it is hampered by ig-

*Read before the 4th Annual Meeting of the Florida Public Health Assn., Ocala, Dec., 1932.

norance on the part of the laity. Occasionally, I am sorry to say, it is also ignorance or negligence on the part of the physician himself.

Cancer is one of the oldest known diseases. Undoubted cases of cancer are mentioned in the Bible. We are told that the Egyptians were familiar with it and that the earliest writings of India make mention of it. On down through the ages it has been known, recognized, and dreaded.

It is not to be wondered that there has gradually accumulated, during all these years, a vast number of erroneous and absurd ideas about it, ideas about its cause, its nature, its treatment, and its course. Many of these false conceptions, passed on to us from the ignorance of former years, are some of the greatest stumbling blocks in the control of cancer today.

The erroneous notion that cancer is an hereditary disease, that because a parent died of cancer the offspring would necessarily suffer from it, is widespread. This idea is wrong. While we do occasionally find families in which the repeated appearances of cancer in various generations seem to lend credence to this impression, such incidences are rare and by no means prove the case. Cancer is not an hereditary disease.

Much misery and mental distress are caused at times, both to patients and their families, by the beliefs that cancer is contagious, and that there is something degrading about it. Many patients hide the fact that they have cancer through feelings of shame.

The public mind should be disabused on both of these points. Cancer cannot be transmitted from person to person by any of the ordinary contacts of human life. Neither can any possible disgrace be attached to the cancer sufferer.

One of the most pernicious of these traditional fallacies is the idea that the treatment of cancer is always unsuccessful. How often do those of us who are seeing a large number of cancer cases hear the awful dictum that, "There's no use doing anything. Cancer never can be cured." Many a cancer death is due to the delay caused by this erroneous notion.

Of course, we admit at once that, with our present knowledge, cancer can be cured only if treated before a certain stage in its growth has been reached although at the same time we must also claim that, even in advanced cases, much can often be done to mitigate suffering and even prolong life.

Theoretically, every cancer can be cured if it can be recognized as cancer while it is still a local disease, before it has been carried from its initial site to other parts of the body, provided that the surgeon is able to completely remove every portion of this initial growth. If attempts to cure a cancer are unsuccessful it simply means that one or both of these two conditions could not be fulfilled.

Also, while we frankly admit that, under present conditions, a large proportion, possibly the majority, of all the cancer cases treated or operated ultimately die of the cancer, nevertheless, medical science has an extensive armamentarium of therapeutic measures with which we do entirely cure a large minority of all cases that come to us, and a majority of all cases that come to us in the early stages.

With the treatment of cancer we shall not today concern ourselves. It is indirectly a concern of the public health in that improved methods of treatment and improved facilities for providing such treatment to the cancer sufferer at large will cut down the mortality. But in the State of Florida, therapeutic measures are fortunately still left in the hands of the private physicians, either working directly as physicians of individual patients, or as staff members of our various hospitals, giving their services without charge to the cancer patients in those hospitals.

The field of preventive medicine and early diagnosis is very much within the province of public health work, and here public health agencies can greatly aid in the effort to reduce this cancer mortality.

A few moments ago, I said that the ultimate cause of cancer is unknown. That is true. We do not know why certain causes, certain stimuli, should make normal tissue cells change their orderly manner of growth and suddenly become transformed into those abnormal cells which we recognize as cancer cells. But if we do not know how these causes act, we do at any rate know what many of these causal factors are. Then by eradicating these causes before the cancer ever starts we are actually preventing the appearance of cancer and are helping to cut down its death.

To illustrate: We often have cancers developing in parts of the body that have been the location of long continued chronic irritations and inflammations. This is so frequent that we consider such chronic irritations as predisposing these parts to the formation of cancer. Irritations of the tongue, or the inside of the cheeks,

often terminate in this way. These may be due to the irritations of ill-fitting dentures, jagged or decayed teeth, excessive use of tobacco, etc. If then we relieve these conditions by attention to the teeth, proper dental work or moderation in the use of tobacco we are doing prophylactic work toward the reduction of the cancer mortality.

The field for this type of work is wide. Many different types of cancer may arise from this cause. Skin cancers frequently arise in some pre-existing skin irritation. For example, long continued exposure to the sun and weather may bring on, especially in people of the blonde type, lesions which finally end in skin cancer. Such cancers are found in Florida among our outdoor workers, fishermen, farmers, truck-growers, etc., who unduly expose themselves without protection to the hot rays of the sun.

Cancers of the lip often occur at the spot where a favorite pipe has irritated the mucous membrane for many years. The old clay pipe of our grandfather's days was a potent cause of cancer of the lip as its rough stem had a peculiarly irritating effect on the delicate tissues of the lip. In the genital tract of women chronic irritation is a potent factor. The majority of all cancers of the womb begin in an old tear of the neck of the womb which has been neglected and has become irritated. Also, we may have an irritation beginning in the pre-existing growths, such as some types of moles, which turns these growths into cancerous processes.

Other irritations exist which are at times less easy to diagnose than those previously mentioned. A certain proportion of gastric ulcers become cancerous in their later stages. The same is true of some cases of chronic irritation of the gall-bladder, and of the prostate gland.

Enough has been cited to point out the way by which preventive medicine can help in reducing cancer mortality by preventing the cancer from starting. Education of the public to a realization of the potential danger of such long-standing irritations is one of the important factors in preventive medicine.

A moment ago, mention was made of the fact that certain types of moles and other benign skin growths may at times become malignant. This phenomenon is an illustration of another type of pre-cancerous lesions. Certain pre-existing growths, originally not cancerous, for some reason or other, may later develop into cancer. Various skin growths fall into this category. So also do some tumors of the thyroid gland, prostatic growths, and certain uterine tumors. More frequently do we see cysts and tumors of the ovary, sometimes after many years of slow and innocent growth, become transformed into malignant tumors.

While it is true that the great majority of the various growths just mentioned do not become cancerous, yet a certain proportion do undergo such a malignant change. If this knowledge could be so imparted to the public that the average man or woman would take the proper measures for self-protection, we would advance another step toward the reduction of cancer mortality.

Passing from the domain of preventive medicine to that of actual treatment of these conditions it is necessary to emphasize again the importance of early diagnosis. Unless we can get the growth in its early stages, before it has become generalized, we cannot hope to radically cure it. In this lies the importance of a careful and thorough examination and an exact diagnosis in those cases which may be early cancer.

While many cases in the first stages can easily be recognized as cancer, this is not always the case. Sometimes even the skilled diagnostician has difficulty in deciding whether or not a given condition is malignant. How much more frequently, then, does the physician who does not see many cases of cancer, or the physician who, for one reason or another, fails to give as exhaustive examination as he might, miss the diagnosis.

It is easy for the physician not trained in laryngoscopy to consider that the hoarseness of a cancer of the vocal cords is due to a chronic laryngitis. The bleeding of a rectal cancer may be diagnosed as hemorrhoids. Sarcoma of the bone may be mistaken for rheumatism. It is impossible to diagnose certain breast tumors until a bit has been removed and a frozen section examined under the microscope.

These examples of the occasional difficulties in early diagnosis, even at the hands of skilled men, emphasize still more strongly the vital necessity for impressing on the minds of the laity the great value of early examination whenever suspicious symptoms occur. As a corollary to this the public must be given some knowledge of what these early suspicious symptoms are.

For 30 years or more various individuals and organizations have been endeavoring to impart such knowledge to the public about cancer. It is slow work, oftentimes very discouraging. Nevertheless, much has been accomplished. Before this educational program was instituted the ma-

jority of all cancers of the womb applied for examination only when the growth had become extensive and inoperable. This was also true of cancer of the breast in a lesser degree. Such a thing as a woman voluntarily coming to the doctor's office to be examined for cancer, was practically unheard of.

Today the picture is very different. For women to come to the gynecologist's office with the question, "Have I got a cancer?" has now become an almost everyday occurrence. To be sure, the great majority have no cancer, but not all. Every now and then an early cancer of the breast or the uterus is discovered in this way and the woman is given a chance for her life which she would not have had otherwise.

This educational work is slow and requires many workers. National organizations are carrying it on, State and civic bodies, medical associations and societies of various sorts. In my work with nurses, in lectures and other forms of instruction, it has always seemed as if they were to be, in a sense, missionaries. Women talk to other women at times more freely than they will to a man. Every woman in any way connected with medical work or the public health work is often in position to impart information which may be of the greatest value, which may save the life, perhaps, of the questioner.

May I, then, in conclusion, recapitulate some of the essential points which I feel that every person should know about cancer, and shou'd be willing to impart to others should the occasion arise.

Any sore or ulcer which runs a chronic course and will not heal should be examined by a competent physician.

Chronic irritations or inflammations in any part of the body demand measures to relieve them. This is especially true in irritations about the mouth, tongue, lips, inner side of the cheeks.

Chronic skin irritations should be relieved. Persons with delicate skins, especially of the blond type, should not permit long exposures, day after day, to the sun or wind without first properly protecting the skin.

Certain growths, which appear to be non-malignant, should at least have an examination before allowing them to remain, as they may develop into cancer. This is especially true of certain types of warts and moles.

Symptoms of rectal trouble shou'd not be neglected. While a self-made diagnosis of "piles" may be correct, the symptoms may be those of rectal cancer.

Especially should the symptoms of cancer of the womb be reiterated. Because of the phenomenon of normal menstruation, women are so accustomed to vaginal bleeding that they do not realize how significant the appearance of any abnormal flow may be. It should be emphasized that this may be the first recognizable sign of either a malignant or a benign growth. Hemorrhage at the age when the change of life usually occurs is not a symptom of the change of life. Neither is a bloody flow, appearing sometimes after the change has occurred to be interpreted as "a return of menstruation."

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OF THE

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WILL BE HELD AT

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A number of years ago when paved streets were first laid in Tallahassee, a man was discovered in the wee sma' hours seated on the curb, actively engaged in haranguing an imaginary audience about honesty of purpose and the duty one owed to his constituency. When asked by an inquiring bluecoat just what he was doing here, he replied with dignity, "I am representing Orlando."

We are now selecting men who will represent us in the house of delegates at our annual meet-

ing to be held in Hollywood in May. In this house last year a precedent was set in that a person desiring to address the house, if he were not a properly seated delegate, had to obtain permission from the body. If this method of procedure is to continue—and we believe it should—much valuable time could be saved, if individuals, who are qualified to speak with authority, should be elected as delegates and to those individuals should be handed, for introduction, any matter which a component society wished brought up, thus discouraging extra corporal speaking. This, the ruling body of the society, is always rushed for time, and overcharged with work, so every moment that it is in session should be conserved and not wasted by this injection of unseated speakers and of oratory, often of a meaningless type, on some subject which a regularly elected delegate could and should have introduced.

It might even be well to have the house of delegates meet only in executive session. Then each county would be desirous of sending as a delegate only its strongest and best informed men—men who could and would truly represent, and not men who meaninglessly waste not only their own time like our curbstone friend, but also the time of others, which tests the temper, even of angels.

RADIO BROADCASTS, 1931-1932

The following broadcasts were arranged by the Public Relations Committee of the Florida Medical Association and given over station WRUF, Gainesville:

A FLORIDA DOCTOR'S CONTRIBUTION*

EDWARD JELKS, M.D.,
Jacksonville.

Records of the human race from earliest times describe epidemics of fevers which are transmitted by mosquitoes. When Rome, in the glorious reign of Commodus, was at the height of her happiness and prosperity, malaria was so prevalent that some authorities believe it to be a chief cause of her disintegration and fall. Recent researches in Central America justify the opinion that an advanced civilization which had flourished centuries before the landing of Columbus, had been wiped out by malaria and other mosquito-borne fevers.

Never again will the world suffer these tragic scourges. For, about fifty years ago Ross and Manson proved that malaria is transmitted by the mosquito. Until their epoch-making work, the world had been in utter ignorance concerning a sensible handling of malaria. But during the past centuries science and scientific curiosity had not been idle. Many theories about malaria and associated fevers and many remedies for treating them had been advanced, before a Florida doctor, Dr. John Gorrie, conceived the idea that to prevent them it was important to cool the air in which one lived. With this opinion in mind he worked for ten years upon a machine which would provide the devised temperature. The result was he made ice.

For the first time in history artificial ice was served in public on July 14, 1850. This was at a dinner in Apalachicola given by the French Consul, Monsieur Rosan. Representative citizens of north Florida and south Georgia had gathered there at the old mansion house to celebrate the French national holiday, Bastile Day.

The guests did not know that Dr. Gorrie was to furnish ice for the cooling of the wines, so when Dr. A. W. Chapman rose to drink the toast, "My friends, we will now toast our own country, an American has produced the ice, which will cool this champagne." The guests were skeptical. No one saw any ice.

Monsieur Rosan sprang to his feet and said, "This is the day when France began giving her people what they want, so if my guests want ice, they must have it, even if to feed them, we work a miracle . . . Only this time, it is an American who has worked our miracle." At these words, four waiters entered, each carrying a silver salver upon each of which rested a cube of ice.

Dr. Gorrie's ice machine was patented in 1850. It was based upon the principle that gases, when permitted to expand rapidly, absorb heat from substances about them. The machine consisted primarily of a pump which increased the pressure of air in a chamber. Within this chamber was placed a container filled with the water that was to be frozen when the air was permitted to expand quickly.

While we are interested in the dramatic introduction of artificial ice, and charmed by his romantic life, the real story of Dr. Gorrie centers about the problem of the sub-tropical fevers.

*Broadcast delivered under auspices of Florida Medical Association, over Station WRUF, Gainesville, October 14, 1931.

When at the age of thirty he arrived in Apalachicola, Florida, in 1833, malarial and associated fevers were taking many lives yearly and threatening the successful colonization of the section of Florida along the Gulf of Mexico.

Dr. Gorrie stated a number of facts which were generally known in his time concerning malarial and sub-tropical fevers. These facts we recognize as true today; but we know now that their explanation lies in the truth that the diseases are borne by mosquitoes. It was known then that malaria occurred about low places, that it remained within a circumscribed radius, that it was very infrequent at high altitudes, that clearing up and draining the country diminished its occurrence. It was also known that when persons slept under nets they rarely had the fever. Dr. Gorrie explained that this was because of a sifting property of the cloth material and did not suspect its virtue was that it kept away mosquitoes. In brief, he explained the known facts on the theory, that the cause of fevers was a volatile oil, which was formed in low swampy places by the decomposition of vegetables and animal matter. The vapors from this oil, when reaching the lungs of an individual, caused the fever. For the transmission of the fevers two primary conditions had to be present:

1. Organic matter had to decompose in order that the harmful volatile oil be formed.

2. A specific temperature had to be maintained for proper volatilization of the oil. An explanation as to how this second condition worked puzzled him a great deal. For it was observed that in very hot dry weather the fevers were not so prevalent, and when the temperature was very low, as in the winter time or in northern climates, the fevers would not be present at all. He argued that in excessive heat the oil would volatilize too rapidly to cause disease, and that at low temperature it would not vaporize sufficiently to cause disease.

For the prevention of the fevers, Dr. Gorrie urged: first, thorough sanitary engineering to prevent stagnation of water.

Secondly, he recommends that since these fevers were contracted during warm nights, individuals should sleep in rooms which were kept at a definite cool temperature. It was by an ingenious arrangement that Dr. Gorrie hoped to acquire this ideal environment. His plan was to use a room without the usual openings of windows and doors. At the floor level in one wall was to be made an opening. From the ceiling in one corner there was to be hung a bowl containing a block of ice. Over this was placed a cone-shaped hood connected up with a vent pipe, which passed through the ceiling into the chimney. The idea of the apparatus was that the cool air from the melting ice would descend to the floor of the room and then pass out through the opening there. If this took place there would naturally be a suction of air through the vent pipe downward over the ice, where it would be cooled. The air before entering the vent pipe would pass through the chimney, where the soot carbon acting as a filter would withdraw some of the impurities which the air contained. This circulation of purified air which had been cooled, passing continuously in from above and out from below, would keep the room at a desired temperature. Undoubtedly, had people slept in a room where this scheme of ventilization and refrigeration was utilized, they not only would have had cool summer nights but would have been safe from malaria, since mosquitoes could have gained access only rarely to such a room.

The State of Florida, to honor her illustrious son, Dr. John Gorrie, has placed his statue in Statuary Hall, Washington. It bears the dates October 3, 1803-June 16, 1855, which mark the span of his life. Although there is a great deal of uncertainty about his early years, it is usually agreed that he was born in Charleston, S. C. He died and was buried in Apalachicola, Florida. His early education was obtained in Charleston. Arriving at Apalachicola in 1833, he was for the following twenty-two years active in the life of the community. He was on the board of directors of several business organizations, and also served the city as its mayor. In 1839 he married Mrs. Caroline F. Beeman. By this union there were two children, a son and a daughter. Through the daughter there is a granddaughter who today lives at Milton, Florida. She told the writer that her mother characterized the last years of Dr. Gorrie's life as being almost completely devoted to the problem of perfecting a machine for producing artificial ice with which to treat fevers.

Dr. Gorrie did not live to see his ice machine put into practical use. Neither did he live to learn the true cause of the fevers which he studied so earnestly. Although he devoted his life to a false explanation of what caused malaria and sub-tropical fevers, his endeavor to secure a ready supply of material with which to prevent and

treat them resulted in his giving to the world artificial ice. He was the forerunner of modern refrigeration.

THE FLORIDA MEDICAL ASSOCIATION: WHAT IT IS AND THE VALUE OF ITS INFLUENCE TO THE STATE*

T. Z. Cason, M.D.,
Jacksonville.

The purpose of the Florida Medical Association is clearly stated in the second article of its constitution, which is in part as follows:

"The purpose of this Association shall be to federate and bring into one compact organization the entire medical profession of the State of Florida . . . with a view to the extension of medical knowledge, and to the advancement of medical science; to the elevation of the standard of medical education, and to the enactment and enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion in regard to the great problems of State medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life." It is not the purpose nor the object of this organization to regulate any individual or group of individuals.

The smallest component part of the medical organization in the State of Florida is the county unit, which is designated as the County Medical Society. In some instances the smaller counties have grouped themselves together to form such a unit. No physician can be a member of the state or national associations unless he is a member of his local society. The state organization, in turn, is a part of the larger organization, the American Medical Association. The size of its representation in the national association depends on the number of members belonging to the state organization.

Unfortunately, the records of the Florida Medical Association prior to the year 1901 were destroyed by the Jacksonville fire occurring in May of that year. The best available records show that the association was organized in 1873. No authentic information is at hand to indicate the personnel of the charter members or the place of its organization. During the first 20 years, the association made little progress. This was no doubt due to poor transportation, for it is recorded that prior to the year 1890 the best route by which a member living in the western section of Florida might reach the other portions lay by way of Montgomery, Alabama, Thomasville and Waycross, Georgia.

The state association now has thirty-four component units and a membership of approximately one thousand physicians. Its greatest growth has been in the last decade. As far as available information indicates, the Florida Medical Association has actively supported the functions of the official health agencies in the State of Florida. This organization has also aided, both officially and through its individual members, properly organized, volunteer health agencies such as the Florida Tuberculosis and Health Association, Red Cross, etc., thus forwarding its activities along the line of preventive medicine. The state medical association has constantly endeavored to raise the standards for admission for physicians to the state and to keep out charlatans and quacks. As a result of this, the health standards of the state have been necessarily raised.

Since the beginning of its organization, the members of the Florida Medical Association have never failed to respond to the call of charity when medical services were needed. In the State of Florida today all organized charity medical services are rendered by these physicians. Most of this service is given without remuneration and in many instances at a cost, other than time, to the doctor.

By its own declaration, it is committed to the enactment and enforcement of just medical laws. At no time has the Florida Medical Association promulgated or fostered any laws in which the public was not given the first consideration and wherein the public would not primarily benefit. Possibly all members of society will not agree to such a generalization, but the final analysis by an unbiased, thinking individual must prove the correctness of this statement.

The state medical association has undertaken its educational work by holding annually a statewide scientific meeting at which time its members have a free interchange of ideas. Prominent physicians from other states are invited to be guest speakers at these assemblies. All of this is

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done to increase the knowledge and improve the skill of your physician in order that he may render a better service to you. The second phase of this work is the education of the individual patient as well as various civic groups. It is the belief of this organization that the more correct knowledge the public acquires the higher standards it will demand of its physicians, and the more readily it will participate in further medical progress.

While it is true that this or any other similar organization can not be of any greater value than that of the individual members to their patients, when these same individuals with high ideals, lofty purposes, and the will to do, group themselves together, they can carry out a greater work and materially increase their value to the state as a whole. However, the ultimate value of the Florida State Medical Association must rest in the worth of its individual physicians and their relations to their patients.

THE MEDICAL PROFESSION*

G. H. Edwards, M.D.,
Orlando.

The practice of medicine appeared almost with the beginning of social living and possibly, out of a desire on the part of some unusually sympathetic individual, to help those who were sick, physically or mentally. Some time later, when the individuals began to be differentiated into groups, such as moneychangers, butchers, artisans, coppersmiths, etc., the sympathetic ones became the priest doctor or the doctor priest.

Records of distinct diseases and their treatment have come down to us from more than three thousand years before Christ. Assyrians were probably the beginners in accumulation of medical lore and information, but it was not assembled, as a whole, and put into form for the physicians' use until 400 B. C., when a Grecian, Hippocrates by name, did it. Since then, medicine as a science has been undergoing constant changes in an effort to get a true knowledge of the fundamentals of disease. This has been hampered by the fog of superstition, which was for ages thrown around the healing art. But great progress has been made and not the least active factor has been organized medicine, as represented by the State and County Societies, whose efforts are to place before the skeptical ones definite knowledge—explanations of seeming miraculous cures the penalty for carelessness, the reward of cleanliness, etc.

From the beginnings of medicine as a science, the physician was concerned with the individual, the one who because of some accident or disease was for the time being thrown out of his usual routine. The ancients always thought, and even today many an unfortunate thinks, of illness not as a result of thoughtlessness or neglect on his part, that is, a sort of punishment, but rather as a blow showing displeasure of the gods or an act of Providence, which they could in no way avoid.

It is curious how an individual will take to himself the symptoms which may be advanced in a lecture or discussion or a patent medicine advertisement and fit them into a picture of himself. Medicine seems to be a much more personal thing than either theology or law. We hear discussions of the latter from a most impersonal standpoint; but, not so with medicine. None of us are created physically or anatomically perfect, nor have we developed perfectly and subconsciously we know it, so, when a disease is discussed, especially a new one, we are assailed with doubts and fears.

During the past fifty years, methods of diagnosis have increased in accuracy and the part temperament plays in influencing the severity of symptoms has been recognized. This, in turn, may have been influenced early in life by certain agencies as air, food, and light, which changed development and helped to differentiate the individuals, and it is this individuality which makes the practice of medicine such a difficult art. A study of these factors and results is leading us, as physicians, to a wider appreciation of the importance of preventive medicine, which really is but a study of disease in its very earliest beginnings and directs attention to the day-by-day life of the people and the conditions that surround them.

Probably the best method to prevent disease is not only by yearly physical examinations, to keep the individual informed about himself as to his limitations and needs and how to regulate his life in regard to food, drink, work, play, exercise, etc., but also how to protect himself from infectious diseases; the baleful results to others of his carelessness and neglect; and the part these latter play in the dissemination of disease.

Science dominates the world today, that means study, research, observation, and the recording and assembling of valuable information, for use.

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Ignorance is responsible for the large number of fraudulent schemes to separate the sick from their money. When vital tissues are destroyed by accident or by disease, medicine can not replace them. A deformed heart valve, a lost leg, an atrophied optic nerve are irreparable, but the physician has much to offer the patient to help him endure his handicap, prevent recurrences or new disturbances and make life more enjoyable.

The duties of the physician are two-fold: first, to practice medicine so as to give his patients all the benefits of the advancement of medicine, and second, to help increase the bounds of medical knowledge, not for the physician alone, but to place it at the hand of the sick individual, that he may better understand what his physician means when certain phrases are used and why a certain routine is instituted, which may not alone benefit the sick one but may aid in the protection of others. From this activity the physician does not benefit personally.

During the past twenty-five years or more, the progress of medical science has been so rapid that one individual could not keep up with it all, especially in the detail necessary to intimate knowledge of both cure and prevention. This has led members of the medical profession to help organize many different types of health associations or groups throughout the country, all having the same ultimate end, the relieving of human ills, and the prolonging of life. They may be divided into three groups, dealing principally: first, with preventive medicine; second, therapeusis; and third, which is distinctly of interest to the lay mind, education.

The members of the Florida Medical Association have to date taken little active interest in any of these groups or in any health agencies or activities, save the second, therapeusis, the reason being that many of the leaders of the profession felt that their special work was being encroached upon and that we were drifting into State medicine; while on the other hand, some health agencies were somewhat exclusive and failed to take many practicing physicians into their confidence. But times are changing. You now find all physicians striving as earnestly to prevent disease as they do to cure it.

The individual physician is a busy man clinging probably too much to old methods and friends, so to many of them anything new which contacted with their special line was often considered a mere set-up, placed there to be knocked down. They would brook no interference and would not associate with any agency, looking toward the amelioration of illness, outside their own group. On the other hand, many of the health agencies have considered themselves able to develop and function with the aid of but few physicians. Now while both are wrong, although pointing toward one and the same target—the relief of human suffering—they would make each more sure of success by working more in unison.

The physician diagnoses and prescribes for the individual while the health agencies have in the past looked after mass diagnosis, by way of contradistinction, have dealt with prevention and offered education to the masses. This requires a certain financial backing. Now physicians, members of the local county societies, are taking places on the various groups. Straight medical problems are theirs while the more involved economic ones, as education and demonstration, can better be handled and cared for by the health organization.

It seems that in the past the tendency has been, on the part of the lay organization, to secure the services of one or but few physicians in a county to carry on their work, and these in some states frequently are not members of the State Medical Association. Today we feel that it is better, by cooperation between the State Association and the health agencies, to give to the entire profession a chance to work on these problems.

A physician should have, in addition to a comprehensive knowledge of his subject, love for his fellowman and many qualities of a broad-minded churchman. He should have sympathy and an imagination which leads him to understand the needs and anxieties of those who come to him for aid. To be methodical, punctual, cheerful, optimistic, tactful, possessed of a good memory and common sense are traits almost indispensible in a successful doctor. He must be so schooled that the crudeness and often the repulsiveness of human nature will not blunt his sympathy, distort his vision nor lessen his enthusiasm and interest. He should set an example as to temperance, personal hygiene, exercise and recreation, for they are necessary to good health—the very thing he is trained to produce and conserve.

Always has the physician been willing to give his services; to treat all who come to him without question as to color, race, or belief, and with almost an indifference as to whether the services can be paid for or no. He has taken pride in

serving clinics, public school classes, hospitals, etc., and now he steps out, it seems to me quite unselfishly, to instruct the public in health matters and how to avoid the very things his training has fitted him to cure. Unheard of unselfishness—which is converting the physician from a therapeutist into a preventionist. I believe we have reached the point where the physicians see the value and almost the necessity for health organizations to round out their work, and the latter will see their work only begun, unless the medical profession, as represented by the State Association, is taken in to help finish it. Members of the State Health Association, through the County Medical Society, have put on several demonstrations or public health programs, to show what can be uncovered that is detrimental to health and how the condition may be remedied. The success of these would indicate that an intensive campaign among all or many phases of public health work, carried on over a period of years, by an efficient medical organization well financed, cannot but help to raise the standards of health and reduce morbidity and mortality. A truly worthwhile job—one which will confirm the statement by Dr. Herman Biggs that "Public Health is purchasable, so that, within natural limits, any community can determine its own death rate."

Times are changing. Instead of being trained to ameliorate symptoms only, we now are trained as well to prevent the inception of the disease itself. Our public is looking to us more and more for guidance in accepting methods designed to prevent disease. If by public and popular health education we can reduce the incident of such preventable and communicable diseases as diphtheria, scarlet fever, rheumatoid infections, yes, and the common cold—common because of its prevalence and not because it is not dangerous and often disastrous—we will be contributing much to the lowering in later years of cardiac and renal diseases. In his introduction to Tristram Shandy, Lawrence Sterns says, "He who smiles, but much more, he who laughs, contributes something to this span of existence which we call life." By properly conducted and intensive educational work, we physicians will be able to add much—in terms of years—to this span of existence, especially extending the later portion.

THE MEDICAL PROFESSION: ITS CONTRIBUTIONS TO CHARITY IN THE STATE OF FLORIDA*

RALPH N. GREENE, M.D.,
Jacksonville.

As the voice you are hearing enters your home, you understand that the topic is being discussed by a physician who deems it an act of impropriety to speak in laudatory terms of the charity work accomplished by the profession which he represents.

Charity work from the viewpoint of a physician's evaluation of the services rendered may be divided into three broad classifications.

Doctors are called into homes to minister to the sick and to the suffering. There the physician renders not only a professional service but is enabled, because of the intimate position which he occupies at the hearthstone, to render counsel and advice which has to do with the moulding of not only the individual and family affairs but with community affairs.

Doctors in an analysis of the affairs of mankind are inclined to the belief that every nation has a definite financial standard of gold, silver or other metals. In mapping out the business problems of corporations, the money to be expended is the basis upon which the foundation is built. Likewise, in the affairs of human families, a contemplated activity must be based essentially on the probable cost and the value of the results obtained.

Aside from the charity program which is carried out in the home are many activities which lead the doctor into the highways and byways and into the remote places, ministering to human suffering. He has likewise to foster and assist in the development of the public health program. Many of you who are listening are mature enough to remember a time not so far distant in the past when yellow fever was rampant in the land; when smallpox was taking a terrible death toll; when typhoid was stalking through the land like the grim reaper; and can also remember many other epidemic diseases which, because of improved sanitation and preventive measures in general, that which we concretely term our public health program, has brought about a definite expanse of the span of human life and has rewarded humanity with a definite assurance of increased longevity, less suffering, a lessened degree of

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chronic invalidism and, in general, a condition of public health, happiness, security and prosperity. Doctors who worked in the public health program, frequently making the supreme sacrifice, were not unmindful of the fact that during those trying times there was a means of prevention and in company with the large army of workers who assisted them, they developed a program of preventive medicine.

Preventive medicine has reached a degree of development which now enables the doctors to say to humanity at large that the problems of human living today do not rest with the curing of the sick but rather with the duty of guarding against degenerative illnesses and preventive illnesses.

It has come to be recognized that the best results in treating the sick cannot be accomplished by the doctor at the bedside in the home, the home being more often than not that which we emotionally speak of as "ever so humble." In the recognition of illnesses and in the exact diagnosis of the particular sickness under consideration, and in order to secure the most highly satisfactory results, doctors are in a position of having to apply instruments of scientific precision such as the laboratory, the X-ray, the skilled services of nurses and dieticians. It is manifestly evident that this cannot be accomplished in a home and, therefore, there has been developed a system of clinics and hospitals throughout the land. To these institutions are brought an enormous number of so-called charity cases. There those who minister to their needs are aware of the fact that the so-called charity patient is helpless in bed, is utterly dependent, cannot employ and discharge because of lack of funds, nor can he raise his hand in self-defense. Doctors recognize this peculiar plight of a large group of patients, are inclined to do for him in a manner not peculiar to the care of the so-called "charity patient." The charity patient is, as a rule, not under the care of a single physician. To his bedside there may be called a group of doctors, among them one or more of the so-called "specialists" who, because of his peculiar opportunity, has been able to develop a scientific skill along highly specialized lines. Thus, the charity patient has applied to his cure the wealth of the life experiences of the hospital force and equipment which has been created for this use.

With the more highly standardized methods of medical education, all physicians are given more or less the same degree of training and collegiate instruction. Upon entering professional life there develops a tendency toward peculiar efficiency in certain phases of medicine or surgery. Broadly speaking, the doctor of today in the most remote rural district is potentially as competent as the physician in the city. Unfortunately, only in the urban centers has it been possible to place in the hands of the doctors, incompletely thus far, the instruments with which to work, namely, hospitals and personnel and their equipment.

The State of Florida is composed of a group of counties more or less rural in coloring. More than 60% of the counties in Florida are devoid of hospital facilities. As a matter of financial defense it has thus far been impossible for the municipally or county-supported hospitals in the different sections of the state to provide finances for the care of those who come from without their respective geographical boundaries, much as they would like to do so. Thus far, in the history of the great commonwealth of Florida, the charity program of the state has consisted very largely of the establishment of the State Hospital for Insane, its School for Deaf and Blind and its Colony for Epileptics and Feebleminded. In its State Hospital for the Insane, which is located in a rural district, far from the center of population of the state, may be found a patient population of over 3,000 charity, mental cases. Institutional experience has taught unerringly that when the patient population of an institution reaches 3,000, the operation of the hospital becomes cumbersome and ineffective. Hospitals located nearer an urban center have the advantage of fire and police protection, available supplies, the constant scrutiny of citizens who have the institution at heart, and the gratuitous services of doctors and lay people interested in problems of public welfare.

A legislature some time in the past made provision for the establishment of a state hospital for the tuberculous. For some reason or other, the institution has never been developed. A feeble effort has been made to care for the crippled children of the state. A doctor working alone, with very limited finances and inadequate personal compensation, has done a monumental work, so far as his energy would permit under existing conditions, of hospitalizing cancer cases in private contract hospitals.

Statistics available in the Bureau of Vital Statistics of the State Board of Health will doubtless

reveal a number of annual deaths from cancer. The early treatment of cancer is usually surgical. When surgery has failed or been neglected, the use of radium and powerful, deep X-ray equipment has been the means of saving human lives. The life earnings of an average individual would not purchase enough radium to adequately treat, with heavy dosage of radium, the average case of cancer.

Within the confines of the State of Florida there are doubtless many who are groping around blind and helpless. Most states have developed a program whereby these unfortunates are aided, their condition brought to the attention of expert physicians and in many, many instances the reward has been the restoration of vision, the loss of which is the greatest of all human calamities.

When one is committed to the State Hospital for Insane, he is deprived of his citizenship and forever after has attached to his name the odium of having been a lunatic. The Massachusetts General Hospital is a state hospital and is an institution in which modern medical and surgical results have been constantly achieved over a period of many years. The great Charity Hospital at New Orleans, Louisiana, is likewise a state institution wherein the lame and the halt and the blind may come in the hope of a cure. Mississippi has a state hospital for the general and surgical care of the indigent of the state. Florida has not even a system of almhouses and, because of this fact alone, many elderly people have been committed to the State Hospital for the Insane because there was no other place to which to send them.

Speaking, therefore, as the official voice of the Florida Medical Association, may I remind the listeners that it is the belief of all of the good doctors everywhere that the realization of having equipment, the constructive service for those who are helpless and cannot assist themselves, brings into the human heart the greatest degree of happiness that can come.

May the doctors of Florida on this occasion say to you that we labor always cheerfully in the care of those who are poor and helpless. The patient we term the "charity patient" is a most grateful individual and one who may in later years exert a tremendous influence in our civic affairs. The charity cases have not been a thorn in our sides, so to figuratively speak, but have been a joy and inspiration and a solace to us in our professional efforts. May we not, therefore, invite you, as the citizens of the great Commonwealth of Florida, to join hands with us in expanding this program by placing in our hands the instruments with which to work.

Might it not be a worth-while project to give favorable consideration to the establishment of a general hospital for the medical and surgical care of the poor of the state, where infant lives may be spared, where the lame and the blind and the cancerous may receive comfort, if not cure; an institution wherein the tuberculous may be nursed back into health and happiness and be sent back into their respective communities as living memorials, instructing other unfortunates in the method of living in the open air and sunshine and the means of curing tuberculosis, a disease which is 90-odd per cent curable if properly handled; an institution to which the crippled children of the state may be taken and there restored to normal physical activity and sent out ever grateful and thankful to a benevolent and far-seeing people who made it possible for them to go through life without the physical difficulties which, if uncured, would have made life's problems more or less gloomy and hopeless; an institution to which the insane may be sent in the acute phases of their disease and wherein 60% to 90% could be promptly cured because of medical service which would be available to them and which is not available in the present, crowded institution known as the State Hospital. If, after all physical defects among the acutely insane have been cured, and the patient then becomes chronically insane, he could be wisely transferred to the State Hospital at its present location and there, with proper living and eating and sleeping and isolation, might eventually get well.

In general, might I say that it is the policy of the doctor not to speak in an appreciatory manner of his charity work, but upon this occasion the message from the profession at large has as its purpose an invitation to you, as citizens of this great state, to join hands with us and to enable us to, more forcibly than we can now, allege that as doctors we cure occasionally, we relieve frequently, but surely we comfort always.

"Experience in dealing with many opinions makes the mind more flexible and confirms it in a final choice of the best course to take."—JOUBERT.

CORRESPONDENCE

The Journal is pleased that members of the Association are taking advantage of this column to express their individual views.

The ideas of our members and comments on letters published are solicited.

To the Editor:

HIGH COST OF MEDICAL SERVICE

Throughout the country the high cost of medical service has been a general topic of discussion, so much so that a committee was appointed by President Hoover to investigate the reason therefor, and its cure.

A simple study of cause and effect must make the cause and cure apparent. Although the cost of medical service was admittedly high, yet the investigation showed that the average earning of doctors in the United States was $2,400 per year, from which had to be deducted office expense, medical and surgical supplies, transportation expense, etc. His remuneration was for a twenty-four-hour duty, with actual service of probably twelve to sixteen hours. In the face of these facts no reasonable person could consider that the doctor was overpaid for his services. Then what reason could be given for a high cost of medical service if the doctor was not overpaid—it could only mean that those who were financially able and appreciative of a doctor's service, paid for those who had learned that they could get doctors' services without paying.

A doctor's services is his merchandise, the same as a suit of clothes is to a haberdasher or groceries to a grocer. If he furnished gratis his goods to the indigent he would have to charge all others a high price for his commodity — if he stayed in business, this making a high cost of clothing or groceries.

Whenever an indigent person is found in need of medical or surgical care the public comes to his rescue and saves his life by calling the doctor. If the doctor should suggest that he was willing to put his dollar, along with the public, to provide this service, feeling that the responsibility was not his entirely, he would seem unreasonable, but it would be perfectly reasonable if it was to provide a suit of clothes or groceries. If it were possible to reverse the order of things and consider that, as the saving of his life was the more important, medical service should be provided for while the merchant and groceryman be expected to furnish food and clothing gratis, we would then have a high cost of food and clothing and not medical service (that is if the merchant and grocer stayed in business).

We feel that we are facing an unjust sense of both values and responsibility in regard to our services, yet feel that it is of our own making and it is up to us to produce the cure—that is if we are to stay in business. In the past we have offered our services, gratis, to every bona fide agency for doing charity; we have done it so long and so freely, that by our own acts have depreciated the value of our services.

This depreciation of the value of our services was made so apparent to us through the attitude of the Reconstruction Finance Corporation in their restrictions on the spending of money for public welfare, stating that this money could be used for every type of service except medical or surgical, and yet the same government ask: "Why the high cost of medical service?"

We of the medical profession are facing the possibility of state controlled practice of medicine—unless we ourselves find a just solution of our responsibility to the public. We feel that under state medicine the public would have a service without personal touch or interest. This mechanical service would be undeserving of the love and appreciation which the medical profession has received for its services from the public in the past.

This question has come up, under the stress of economic conditions along with a number of others like tax burdens. To distribute the load of responsibility more equitably, the recently adoption of resolutions* by the Seminole County Medical Society was a step forward.

The fact that doctors have carried this burden of responsibility in the past, when economic conditions were so that it could be carried, is no argument why they should not ask for a just and equitable distribution of this load under these stress conditions.

We are confident, although our resolutions may seem radical, that in taking this step we can begin working out a cure for the high cost of medical service by placing the responsibility of public welfare more equitably, so that those who pay for medical service do not have to pay for its entire upkeep.

(Signed) S. PULESTON.

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*Resolutions reproduced on p. 354.

MEMBERSHIP ROSTER
FLORIDA MEDICAL ASSOCIATION
CALENDAR YEAR 1932

ALACHUA COUNTY MEDICAL SOCIETY

Colson, J. H., President.....Gainesville
Hodges, James H., Vice-President,
234 E. Main St. .....Gainesville
Andrews, Edwin H.,
Sec'y-Treas. .....Gainesville
Dailey, I. A. .....Micanopy
Dell, J. Maxey,
333 W. Main St., So. ...Gainesville
DePass, Matthew H.,
E. University Ave. .....Gainesville
Elmore, W. T.,
Baird Bldg. .....Gainesville
Haskell, Lyman G.,
University of Florida ...Gainesville
King, Seeber .....Lake Butler
King, T. Byron,
332 W. University Ave., Gainesville
Lassiter, Wilburn .....Gainesville
Maines, John E., Jr.,
331½ W. University Ave., Gainesville
Smith, Dewitt T.,
Tucker Bldg. .....Gainesville
Snow, Thomas A.,
103 E. University Ave., Gainesville
Summerlin, J. L.,
1 Baird Bldg. .....Gainesville
Summitt, R. E.,
335 W. University Ave., Gainesville
Thomas, W. C. .....Gainesville
Tillman, George C.,
431 W. University Ave., Gainesville
Weeks, L. R. .....Trenton
Whitaker, C. D. .....Raiford
Young, Wm. C. .....Chiefland

BAY COUNTY MEDICAL SOCIETY

Lee, W. J., Sec'y-Treas....Panama City
*Adams, Daniel M.,
505 5th St. .....Panama City
Blackshear, W. J. .....Panama City
Nixon, James M. .....Panama City
Perkins, Herman .....Panama City

BREVARD COUNTY MEDICAL SOCIETY

Hay, Isaac M., President,
Melbourne Hospital .....Melbourne
Kenaston, T. C., Vice-President..Cocoa
Hicks, I. K., Sec'y-Treas.....Melbourne
Bean, I. F. .....Melbourne
Chunn, J. D. .....St. Cloud
Creel, W. J. .....Eau Gallie
Page, Walter C.,
317 Delannoy Ave.....Cocoa
Potthoff, E. W. .....Titusville
White, Chas. B. .....Cocoa

BROWARD COUNTY MEDICAL SOCIETY

Stovall, R. H., President,
1st Natl. Bank Bldg., Ft. Lauderdale
Connor, A. B., Vice-President,
Sweet Bldg. .....Ft. Lauderdale
Darrow, Anna A., Sec'y-Treas.,
310 S. E. 7th St.....Ft. Lauderdale
Brown, Oliver C.,
Suite 411, 1st Natl. Bk.
Bldg. .....Ft. Lauderdale
Butler, Bruce F.,
206 Bank Bldg. .....Hollywood
Carter, Donald E.,
915 1st Nat. Bk. Bldg., Ft. Lauderdale
Hartley, James M.,
Central Arcade .....Hollywood
Hendricks, Elliott M.,
314 Sweet Bldg. ....Ft. Lauderdale
Hodges, John W.,
Gralynn Hotel .....Miami
Johnston, John A.,
201 Bryan Court ....Ft. Lauderdale
Kinsey, E. T.,
802 Prof. Bldg. .....Miami
Lingeman, Ralph B.,
915 1st Nat. Bk. Bldg., Ft. Lauderdale
McClellan, Geo. S. .....Pompano
McLaury, Elbert,
214-220 1st Nat. Bk. Bldg., Hollywood
Peavy, Henry J.,
505 1st Nat. Bk. Bldg., Ft. Lauderdale
Robinson, Leigh F.,
403 1st Nat. Bk. Bldg., Ft. Lauderdale
Roper, Luther E.,
2011 Hollywood Bldg.....Hollywood
Skiff, Francis S.,
303 1st Nat. Bk. Bldg., Ft. Lauderdale

COLUMBIA COUNTY MEDICAL SOCIETY

Anderson, Leonidas M., President,
P. O. Box 7 .....Lake City
Harkness, R. B., Vice-President,
605 E. Duval St. .....Lake City
Bates, T. H., Sec'y-Treas.,
Blanche Hotel Annex ....Lake City
Monat, H. A. .....Lake City
Nichols, William S.,
Pharmacy Bldg. .....Lake City
Witt, T. W. .....Lake City

DADE COUNTY MEDICAL SOCIETY

Roche, C. F., President,
Aladdin Bldg. .....Miami Beach
French, E. D., Vice-President,
603 Huntington Bldg. .....Miami
Spicer, Robert T., Secretary,
307 Ingraham Bldg. .....Miami
Davis, H. Frank, Treasurer,
911 Huntington Bldg. .....Miami
Adkins, E. H.,
835 Lincoln Road .....Miami Beach
Agos, I. H.,
410 Huntington Bldg. .....Miami
Allen, O. F.,
711 Huntington Bldg. .....Miami
Amerise, A. Daniel,
Coral Gables Clinic ...Coral Gables
Aronovitz, S.,
705 Huntington Bldg. .....Miami
Babcock, H. C.,
Calumet Bldg. .....Miami
Baker, Juel M.,
312-14 Seybold Bldg. .....Miami
Baker, L. A.,
570 W. Flagler St. .....Miami
Barfield, J. O.,
312 N. W. Third Ave.....Miami
Barge, H. A.,
414 Calumet Bldg. .....Miami
Barge, W. J.,
420-421 Calumet Bldg. .....Miami
Bertram, A. J.,
Blvd. Apts., 936 Biscayne Blvd., Miami
Bible, C. J.
1203 W. Flagler St. .....Miami
Black, Nelson M.,
703 Huntington Bldg. .....Miami
Boughton, Herman,
441 Washington Ave...Miami Beach
Bullard, C. P.,
2930 N. W. 8th Ave. .....Miami
Burch, R. N.,
2827 N. Miami Ave. .....Miami
Chambers, S. E.,
409 Huntington Bldg. .....Miami
Chandler, G. E.,
Huntington Bldg. .....Miami
Cleghorn, Chas. D.,
Suite 1109 Huntington Bldg., Miami
Conger, G. D.,
1600 N. W. 36th St. .....Miami
Coplan, M. M.,
601 Huntington Bldg. .....Miami
Couric, E. S.,
P. O. Box 265..(Lemon City) Miami
DeBoe, M. P.,
Box 505 .....Miami
Deederer, Carleton,
300 Ingraham Bldg. .....Miami
DeVore, Louise,
809 Huntington Bldg. .....Miami
Dobrin, Max,
168 S. E. First St. .....Miami
Dodge, Percy L.,
812 Huntington Bldg. .....Miami
Donald, Ernest,
305 Huntington Bldg. .....Miami
Dunaway, C. E.,
1209 Huntington Bldg. .....Miami
DuPuis, J. G. ....(Lemon City) Miami
Elder, S. F.,
Huntington Bldg. .....Miami
Elgin, L. W.,
508 Huntington Bldg. .....Miami
Ellis, W. H.,
15 N. E. 11th St. .....Miami
Faver, Robert M.,
127 N. E. 5th St. .....Miami
Fitzgerald, Willard L.,
504 Huntington Bldg. .....Miami
Flipse, M. J.,
305 Huntington Bldg. .....Miami
Fox, H. H.,
Box 592 .....Miami
Foxworthy, F. W.,
1009 Huntington Bldg. .....Miami
Freeman, Mary .....Perrine
Gammage, Tom R.,
227 N. E. 5th St. .....Miami
Ghertler, Max.,
1715 S. W. 11th St. .....Miami
Goodson, W. M.,
315 Olympia Bldg. .....Miami
Gowdy, F. A.,
409 Ingraham Bldg. .....Miami
Gowdy, R. A.,
925 Lincoln Road .....Miami Beach
Gowe, Donald F.,
N. E. 2nd Ave. and 36th St., Miami
Graves, J. R.,
709 Huntington Bldg. .....Miami
Grimes, D. H.,
Box 377 .....South Miami
Haggard, W. A.,
903 Security Bldg. .....Miami
Hall, E. J.,
201 Venetian Bldg. .....Miami
Hall, John E.,
Box 2722 .....Miami
Harris, D. W.,
403 Huntington Bldg. .....Miami
Harris, R. M.,
1001 Huntington Bldg. .....Miami
Hatch, E. B.,
71 N. E. 11th St. .....Miami
Heck, Maurice E.,
216 N. E. 2nd Ave. .....Miami
Hodsdon, B. F.,
418-20 Security Bldg. .....Miami
Hodsdon, L. A.,
418-20 Security Bldg. .....Miami
Holmes, A. G.,
414 N. E. 1st Ave. .....Miami
Holmes, R. J.,
601 Huntington Bldg. .....Miami
Hotchkiss, W. T.,
Aladdin Bldg. .....Miami Beach
Hutson, T. W.,
309 Huntington Bldg. .....Miami
Ingersoll, J. M.,
1700 S. Bayshore Lane .....Miami
Jeffrey, S. L.,
4022 Douglas Road .....Miami
Jenkins, L. M.,
712 Huntington Bldg. .....Miami
Jenkins, Paul K.,
Box 35 .....Miami Beach
Jones, Allan,
337 Lincoln Rd. .....Miami Beach
Jones, W. C., Jr.,
409 Calumet Bldg. .....Miami
Keeler, F. L.,
1106 Huntington Bldg. .....Miami
Keely, J.,
2307 N.E. 4th Ave., Chester
Apts. .....Miami
Kemp, A. J.,
207-10 Congress Bldg. .....Miami
Kennon, C. L.,
411-12 Huntington Bldg. ...Miami
Kirsch, M. D.,
408 Huntington Bldg. .....Miami

* Deceased. † Honorary Member.

Lanier, W. T.,
336 Ingraham Bldg. .....Miami
Leavitt, H. A.,
127 N. E. 5th St. .....Miami
Lefholz, R.,
1009 Huntington Bldg. .....Miami
Lewis, Taylor,
302-4 Congress Bldg. .....Miami
Light, S. D. W.,
Calumet Bldg. .....Miami
Lithgow, Wm. D.,
245 N. E. 25th St. .....Miami
Litterer, Ammon B.,
603 Huntington Bldg. .....Miami
Lott, Young C.,
144 N. E. 2nd Ave. .....Miami
Lowe, Eugene C.,
258 N. E. 21st St. .....Miami
Lucinian, Joseph H.,
404 Huntington Bldg. .....Miami
Luke, J. M. J.,
Congress Bldg. .....Miami
Lustgarten, A.,
409 Olympia Bldg. .....Miami
Lyell, Robert O.,
305-10 Huntington Bldg.....Miami
MacDonell, Geo. N.,
1112 Huntington Bldg. .....Miami
McGunagle, J. E.,
1885 W. Flagler St. .....Miami
McKenzie, E. N.,
326 Ingraham Bldg. .....Miami
McKibben, Wm. Watson,
316-318 Ingraham Bldg. ....Miami
Manson, Plumer J.,
Rosetta Theatre Bldg...Little River
Martin, M. C.,
548 W. Flagler St. .....Miami
Maxwell, E. B.,
610 Huntington Bldg. .....Miami
Maxwell, Leslie H.,
835 Lincoln Road ....Miami Beach
Medlin, Willard B.,
502 Security Bldg. .....Miami
Milton, J. D.,
905 Huntington Bldg. .....Miami
Morrow, Frank R.,
305 Huntington Bldg. .....Miami
Newell, C. E.,
21 S. W. 12th Ave. .....Miami
Nichol, E. Sterling,
305 Huntington Bldg. .....Miami
O'Quinn, Leon H. .....Hialeah
Otto, T. O.,
704 Huntington Bldg. .....Miami
Owens, Duncan,
337 Lincoln Rd. .....Miami Beach
Palmer, B. H.,
502 Huntington Bldg. .....Miami
Panettiere, Cayetano,
Aladdin Bldg. .....Miami Beach
Paulk, Geo.,
202 Venetian Bldg. .....Miami
Payne, J. W.,
203 Venetian Arcade .....Miami
Payton, Frazier J.,
Allison Hospital .....Miami Beach
Pearson, Homer L., Jr.,
1605 Biscayne Blvd. .....Miami
Pearson, John R.,
205 Bedford Bldg. .....Miami
Pearson, Nelson T.,
1109 Huntington Bldg. .....Miami
Pearson, Rufus J.,
306 Calumet Bldg. .....Miami
Perry, C. Larimore,
509 Huntington Bldg. .....Miami
Peters, Edgar,
506 Olympia Bldg. .....Miami
Phillips, Kenneth,
610 Huntington Bldg. .....Miami
Quillian, Warren,
Coral Gables Clinic...Coral Gables
Raap, Gerard,
908 Huntington Bldg. .....Miami
Repass, Robert E.,
337 Lincoln Road .....Miami Beach
Rogers, Hunter B.,
27 N. W. 12th Ave. .....Miami
Sayles, Charles F.,
311 N. W. 3rd St. .....Miami
Seeds, J. B.,
544 W. Flagler St. .....Miami
Shaw, E. Clay,
702 Huntington Bldg. .....Miami
Shisler, J. W.,
Director, Welfare Dept. .....Miami
Simpson, J. R.,
614 Huntington Bldg. .....Miami
Sinclair, J. A. B.,
264 N. E. 20th St. .....Miami
Skaggs, P. T.,
510 1st Natl. Bank Bldg.....Miami
Smith, C. Kirby,
210 E. Flagler St. .....Miami
Smith, J. A. .....Homestead
Smith, J. W.,
1661 W. Flagler St. .....Miami
Smith, M.,
405-6 Huntington Bldg.....Miami
Snyder, John Wm.,
402 Huntington Bldg. .....Miami
Stewart, J. S.,
1605 Biscayne Blvd. .....Miami
Stuart, J. D.,
227 N. E. 5th St. .....Miami
Tallman, Maurice H.,
1401 Huntington Bldg. .....Miami
Thomas, Edwin C.,
46 N. E. 5th St. .....Miami
Thomas, Kelly C.,
318 N. W. 1st St. .....Miami
Thomas, Merrick D.,
211 Sixth St. .....Miami Beach
Thorne, James I.,
Hotel Europe .....Athens, Greece
Threlkeld, Major E.,
205 Calumet Bldg. .....Miami
Tower, John B.,
32 No. Krome Ave. .....Homestead
Tumlin, Corbett Edward,
315 Olympia Bldg. .....Miami
Turner, J. C.,
Tatum Bldg. .....Miami
Vinson, Willie J.,
400 Ingraham Bldg. .....Miami
Vogt, Ferdinand A.,
207 Calumet Bldg. .....Miami
Walker, Harrison A.,
704 Lincoln Road .....Miami Beach
Walters, Arthur L.,
337 Lincoln Road ....Miami Beach
Watters, W. H.,
Boston-Miami Clinic,
P. O. Drawer H ....Coconut Grove
Weiland, A. H.,
227 Aragon Ave. .....Coral Gables
Weinkle, Barney,
512 Olympia Bldg. .....Miami
Westermann, Julius T.,
Box 1542, Buena Vista Sta., Miami
White, David W.,
337 Lincoln Road ....Miami Beach
Whitten, Benjamin Leland,
Box 505 .....Miami
Wilson, M. C.,
809 Huntington Bldg. .....Miami
Withers, G. H.,
Aladdin Medical Arts
Bldg. .....Miami Beach
Wood, Arthur W.,
401 Security Bldg. .....Miami
Woodard, Robert C.,
Jackson Memorial Hospital, Miami
Wright, Sheffel,
60 N. E. 46th St. .....Miami
Youmans, Corren P.,
701 Prof. Bldg. .....Miami
Youmans, I. C.,
Prof. Bldg. .....Miami

DESOTO-HARDEE-HIGHLANDS COUNTY MEDICAL SOCIETY

Chandler, Isaac W., President,
First Trust Bldg. .....Avon Park
McKnight, Geo. S., Vice-President,
Jacaranda Arcade .....Avon Park
Martin, Leldon W., Sec'y-Treas., Sebring
Kayton, M. C. .....Wauchula
Kirkpatrick, Chas. H.,
Box 454 .....Arcadia
*McSwain, D. L. .....Arcadia
Poucher, Allen A. .....Wauchula
Pyatt, Wesley S. .....Bowling Green
Simmons, John A. .....Arcadia
Simmons, S. J., Jr. .....Clewiston
Spears, Ben D. .....Wauchula
Weems, Howard V.,
22 Oak St. .....Sebring

DUVAL COUNTY MEDICAL SOCIETY

McIver, Robt. B., President,
St. James Bldg. .....Jacksonville
Morris, Kenneth A., Vice-President,
Professional Bldg. ....Jacksonville
Fort, Frank L., Secretary,
312 Medical Arts Bldg., Jacksonville
Swift, Edwin C., Treasurer,
2033 Riverside Ave.....Jacksonville
Adams, Geo. E.,
2017 Main St. .....Jacksonville
Adams, Thos. S.,
612 Lynch Bldg. .....Jacksonville
Alford, Neil,
St. James Bldg. .....Jacksonville
Arms, B. L.,
P. O. Box 353, Farmington, Maine
Bacon, Henry,
2737 Vernon Terrace..Jacksonville
Baker, R. M.,
Professional Bldg. ....Jacksonville
Barfield, Frederick G.,
St. James Bldg. .....Jacksonville
Baumgartner, Carl J.,
406 Masonic Bldg. .....Jacksonville
Beckman, Geo. E.,
Professional Bldg. ....Jacksonville
Black, J. B.,
St. James Bldg. .....Jacksonville
Blackmar, Ray Wellborn,
320-321 St. James Bldg...Jacksonville
Blitch, Clifford G.,
355 St. James Bldg. ...Jacksonville
Boone, James L.,
500 Professional Bldg...Jacksonville
Boyd, John E.,
342 St. James Bldg. ...Jacksonville
Bransford, L. E.,
Prof. Bldg. .....Jacksonville
Brillhart, H. L.,
Graham Bldg. .....Jacksonville
Brink, F. A.,
Box 4479 .....Jacksonville
Brinson, P. A. .....Baldwin
Brinson, W. D. .....Baldwin
Broadbent, Oliver P.,
1022 Park St. .....Jacksonville
Brown, Alan DeWitt,
417 St. James Bldg. ...Jacksonville
Bryant, James Malone,
303 Medical Arts Bldg., Jacksonville
Buckman, Thos. E.,
1022 Park St. .....Jacksonville
Carefoot, E. I.,
Prof. Bldg. .....Jacksonville
Cason, T. Z.,
2033 Riverside Ave. ....Jacksonville
Chapman, Benjamin A.
2151 Pearl St. .....Jacksonville
Chilli, Joseph L.,
318 St. James Bldg. ...Jacksonville
Collins, C. C.,
St. James Bldg. .....Jacksonville
Copp, F. A.,
458 St. James Bldg. ....Jacksonville
Counts, H. W.,
215 Professional Bldg...Jacksonville
Croft, Theo. Gaillard,
St. James Bldg. .....Jacksonville
Cunningham, Lester W.,
St. James Bldg. .....Jacksonville
Day, Gaston,
St. James Bldg. .....Jacksonville
Dean, Russell,
St. James Bldg. .....Jacksonville
Drew, Horace R.,
St. James Bldg. .....Jacksonville
Driskell, Simon E.,
St. James Bldg. .....Jacksonville
Dyrenforth, Lucien Y.,
413 Medical Arts Bldg., Jacksonville
Eaton, Paul,
State Board of Health, Jacksonville
Enneis, F. B.,
Professional Bldg. .....Jacksonville
Erwin, Stanley,
1001 Lynch Bldg. .....Jacksonville
Field, Thomas S.,
712 Laura St. .....Jacksonville
Gammon, Julian E.,
700 Professional Bldg., Jacksonville
Goodale, Banks H.,
St. James Bldg. .....Jacksonville
Greene, Ralph N.,
Medical Arts Bldg. ...Jacksonville
Gwinn, Van H.,
2585 Riverside Ave.....Jacksonville
Hanson, Henry,
State Board of Health
Bldg. .....Jacksonville
Harris, Herrman H.,
608 Greenleaf & Crosby
Bldg. .....Jacksonville
Harris, W. G.,
St. James Bldg. .....Jacksonville
Hartman, James H.,
546 Lomax St. .....Jacksonville
Harwell, D. F.,
209 Peninsular Cas.
Bldg. .....Jacksonville
Hayes, J. W.,
309 Professional Bldg...Jacksonville
*Heggie, N. M.,
33-36 Buckman Bldg...Jacksonville
Henley, Chas. F.,
2151 Pearl St. .....Jacksonville

* Deceased. † Honorary Member.

Holden, Gerry R.,
Medical Arts Bldg. ...Jacksonville
Holloway, Luther W.,
359 St. James Bldg. ...Jacksonville
Horne, Hendley F.,
325 W. Duval St. .....Jacksonville
Humphreys, David G. .....Fernandina
Ira, Gordon H.,
452 St. James Bldg. ....Jacksonville
Jelks, Edward,
Riverside Hospital ....Jacksonville
Jennings, C. L.,
Medical Arts Bldg. ....Jacksonville
Johnston, Crowell W.,
355 St. James Bldg. ...Jacksonville
Keisling, Frederick C.,
315 Professional Bldg., Jacksonville
Killinger, Raymond R.,
St. James Bldg. .....Jacksonville
Kirby-Smith, Joseph Lee,
511-15 Greenleaf & Crosby
Bldg. .....Jacksonville
Kirk, Wm. W.,
608 Greenleaf & Crosby
Bldg. .....Jacksonville
Knauer, W. J.,
Buckman Bldg. .....Jacksonville
Knight, A. Comer,
Professional Bldg. ....Jacksonville
Krueger, Frederick W.,
452 St. James Bldg.....Jacksonville
Limbaugh, Louie M.,
458 St. James Bldg.....Jacksonville
McDowell, Walter,
1016 First Ave.....Evansville, Ind.
McEuen, H. Bernard,
320 Professional Bldg., Jacksonville
McGinnis, Robt. H.,
2063 Oak St. .....Jacksonville
McKenzie, Albert C.,
St. James Bldg. .....Jacksonville
McLeod, R. F.,
Masonic Bldg. .....Titusville
Mabry, C. B.,
St. James Bldg.....Jacksonville
Manhoff, Ben,
712 Laura St. .....Jacksonville
Manning, Wm. S.,
St. James Bldg. .....Jacksonville
Martin, P. H.,
Professional Bldg.....Jacksonville
May, Robt. D.,
302-5 Professional Bldg. .....
.....Jacksonville
Milam, Ernest B.,
Medical Arts Bldg. ...Jacksonville
Mitchell, Geo. M.,
712 Laura St. .....Jacksonville
Mitchell, John H.,
300 Professional Bldg..Jacksonville
Moe, Leonard N.,
212 St. James Bldg....Jacksonville
Morris, S. A.,
237 W. Duval St. .....Jacksonville
Norris, Samuel R.,
Medical Arts Bldg. ...Jacksonville
Norwood, J. K.,
211 St. James Bldg. ....Jacksonville
Oberdorfer, Aaron Z.,
1830 Mallory St. .....Jacksonville
Oetjen, G. F.,
211 E. Forsyth St., ...Jacksonville
Owens, J. H.,
452 St. James Bldg.....Jacksonville
Page, W. Grady,
111 W. Adams St. .....Jacksonville
Palmer, Thomas M.,
2063 Oak St. .....Jacksonville
Parramore, James B.,
401 St. James Bldg.....Jacksonville
Pasco, J. D.,
Medical Arts Bldg. ...Jacksonville
Peyton, Harry A.,
2033 Riverside Ave. ...Jacksonville
Porter, H. W.,
340 St. James Bldg.....Jacksonville
Ramage, Raymond B.,
219-20 Professional Bldg.....
.....Jacksonville
Randolph, J. H.,
St. James Bldg. .....Jacksonville
Richards, Ferdinand,
Professional Bldg. ....Jacksonville
Richardson, George W.,
343 St. James Bldg.....Jacksonville
Richardson, Shaler,
111 W. Adams St. .....Jacksonville
Roberts, Earl,
200 Prof. Bldg. .....Jacksonville
Rogers, W. W.,
Professional Bldg. .....Jacksonville
Ross, Wm. E.,
St. James Bldg. .....Jacksonville
Royce, Clayton E.,
Medical Arts Bldg.....Jacksonville
Sample, A. M., Jr.,
Riverside Hospital ....Jacksonville
Sandusky, C. M.,
28 W. Monroe St. .....Jacksonville
Schneider, David,
Greenleaf & Crosby Bldg.....
..... Jacksonville
Schnauss, Wm. R.,
312 Hildebrandt Bldg., Jacksonville
Sellers, E. T.,
412-413 St. James Bldg. .....
..... Jacksonville
Sengstak, Ernst P. E. .....Mandarin
Shaw, W. M.,
St. James Bldg. .....Jacksonville
Simpson, J. Knox,
712 Laura St. .....Jacksonville
*Smith, Ralph E.,
211 E. Forsyth St. .....Jacksonville
Stinson, W. M.,
1611 Aberdeen St.....Jacksonville
Stollenwerck, A. D.,
25 W. Beaver St. .....Jacksonville
Taylor, H. Marshall,
111 W. Adams St. .....Jacksonville
Teeter, Edmund H.,
305 St. James Bldg....Jacksonville
Thomas, Robt. Y. H.,
502-6 Lynch Bldg. ....Jacksonville
Thompson, David C.,
2579 Herschell St. .....Jacksonville
Thompson, T. C.,
318 Hildebrandt Bldg., Jacksonville
Tyler, Lockland V.,
San Marco Square, So. Jacksonville
Upchurch, Noble Alvin,
City Board of Health, Jacksonville
Van Schaick, Harold D.,
210 St. James Bldg.....Jacksonville
Veal, Ernest W.,
128 St. Johns Ave., So. Jacksonville
Waas, F. J.,
Professional Bldg.....Jacksonville
Washburn, Clayton D.,
St. James Bldg.....Jacksonville
Wilcox, Clarence R.,
712 Laura St. .....Jacksonville
Wilkinson, Albert H.,
313 Professional Bldg., Jacksonville
Wilson, Alpheus K.,
334 St. James Bldg.....Jacksonville
Wilson, J. F.,
310-12 Greenleaf & Crosby Bldg.,
..... Jacksonville
Woolsey, Bertram F.,
320 St. James Bldg.....Jacksonville
Wynn, Robt. S.,
305 Consolidated Bldg.,
W. Bay St. .....Jacksonville

ESCAMBIA COUNTY MEDICAL SOCIETY

Fellows, J. H., President,
Brent Bldg. .....Pensacola
McLane, J. N., Vice-President,
204 W. Brainard St.....Pensacola
Hoffman, James M.,
Sec'y-Treas.,
21½ E. Wright St.....Pensacola
Ames, Allen M.,
206 Blount Bldg. .....Pensacola
Bell, John D.,
305 Blount Bldg.....Pensacola
Bickerstaff, James H.,
Blount Bldg .....Pensacola
Blackshear, T. E.,
Rooms 406-7-8,
American Natl. Bk. Bldg., Pensacola
Bryans, H. L.,
21½ E. Wright St. .....Pensacola
D'Alemberte, Clinton W.,
302 American Natl. Bk. Bldg.
..... Pensacola
Daniels, J. P.,
313 Brent Bldg. .....Pensacola
Gachet, Necy L. .....Century
Haisfield, Abram R.,
311 Blount Bldg .....Pensacola
Haisfield, H. B.,
311 Blount Bldg. .....Pensacola
Heinberg, Chas. J. .....Pensacola
Hixon, F. P.,
Blount Bldg. .....Pensacola
Holley, John C. .....Milton
Kennedy, S. G.,
511-12 American Natl. Bank
Bldg. .....Pensacola
Lischkoff, Mozart A.,
Blount Bldg. .....Pensacola
McGuire, J. J.,
Pensacola Hospital.....Pensacola
McMillan, D. W. .....Pensacola
Mock, A. E.,
314 Blount Bldg. .....Pensacola
Nobles, R. G.,
Blount Bldg. .....Pensacola
Nobles, V. R.,
Blount Bldg. .....Pensacola
Nobles, W. D. .....Pensacola
Payne, W. C.,
Blount Bldg. .....Pensacola
Pierpont, Juriah Harris,
511 American Bank Bldg...Pensacola
Quina, M. E. .....Pensacola
Renshaw, F. G.,
104 S. Palafox St. .....Pensacola
†Simpson, Horace L.,
20 W. Belmont .....Pensacola
Stokes, Thos. H.,
Theisen Bldg. .....Pensacola
Sullivay, Rosa L.,
1016 W. Chase St. .....Pensacola
Thames, Rufus .....Milton
Turberville, J. I. .....Century
Turberville, John S. .....Century
Turner, John B. .....Bagdad
Webb, Carol C.,
Blount Bldg. .....Pensacola

HILLSBORO COUNTY MEDICAL SOCIETY

Carlton, Leland F., President,
805 Citizens Bank Bldg.....Tampa
Gilmer, Eugene S., Vice-President,
Room 416, Citizens Bank Bldg.
..... Tampa
Cowart, James T., Sec'y-Treas.,
906 So. Rome .....Tampa
Adamson, Wm. P.,
610 Citizens Bank Bldg.....Tampa
Allen, Bundy,
302 Citizens Bank Bldg.....Tampa
Alsobrook, John W.,
120 N. Collins St.....Plant City
Anderson, Claude,
Citizens Bank Bldg .....Tampa
Andrews, Chadbourne A.,
715 Citizens Bank Bldg.....Tampa
Baldwin, R. E.,
Tampa Municipal Hospital..Tampa
Bartlett, Chas. W.,
Box 5512 .....Tampa
Beyer, A. R.,
Box 527 .....Tampa
Bidwell, Alfred Morrell,
401 1st Natl. Bank Bldg.....Tampa
Bitzer, Emory W.,
815 Citizens Bank Bldg.....Tampa
Black, Robert C.,
101 San Ever St. .....Plant City
Blackmon, H. J.,
Citizens Bank Bldg. .....Tampa
Blake, W. C.,
412 Citizens Bank Bldg.....Tampa
Boling, John R.,
1207-11 1st Natl. Bank Bldg.
..... Tampa
Bottari, Giulio C.,
1829½ Seventh Ave. .....Tampa
Brown, Harold O.,
215 Madison St. .....Tampa
Butchart, T. R.,
804 Grand Central Ave.....Tampa
Chandler, J. C.,
410 Citrus Exchange Bldg....Tampa
Christian, Geo. R.,
604 E. Lafayette St. .....Tampa
Cook, Geo. L.,
906 So. Rome Ave. .....Tampa
Costa, Frank J.,
care Centro Asturiano Hospital
..... Tampa
Dickinson, Joshua C.,
302 Citizens Bank Bldg.....Tampa
Draper, Arthur D.,
5607 Florida Ave. .....Tampa
Duke, Roncie R.,
708 Citizens Bank Bldg.....Tampa
Duncan, Wm. P.,
802 Tampa Theatre Bldg.....Tampa
Dyer, Walter H.,
1801½ 22nd St. .....Tampa
Efird, Lester J.,
Box 2519 .....Tampa
Ely, R. A.,
404½ Zack St. .....Tampa
Estes, J. L.,
815 1st Natl. Bank Bldg.....Tampa
Etheredge, S. H.,
706 Franklin St. .....Tampa

* Deceased. † Honorary Member.

Evans, Harry C.,
215 Madison St. .....Tampa
Forbes, Sherman B.,
409 Citizens Bank Bldg.....Tampa
Garcia, Parsons M.,
Box 7224 .....W. Tampa
Gilbert, Elsie,
6508 Central Ave. .....Tampa
Golden, Harold M.,
30 No. Michigan Ave...Chicago, Ill.
Grable, James S.,
706 Franklin St. .....Tampa
Grantham, James M.,
442 Lafayette Arcade.....Tampa
Hardy, G. E. W.,
818 First Natl. Bank Bldg., Tampa
*Helms, John S.,
Box 1439 .....Tampa
Helms, John S., Jr.,
Box 1439 .....Tampa
Henderson, R. P.,
612 Citizens Bank Bldg.....Tampa
Higgins, Allen F.,
330 Lafayette Arcade .....Tampa
Hopkins, C. D.,
1818 Hills Ave. .....Tampa
Jenson, Henry J.,
7303 Nebraska Ave. .....Tampa
Knauf, A. R.,
717 Citizens Bank Bldg.....Tampa
Knight, John C.,
121 No. Collins St. .....Plant City
Lancaster, Wm. J.,
Box 3010 .....Tampa
Lassman, Geo. A.,
21 Bennett Ave....New York, N. Y.
Lowry, Blackburn W.,
408 Citrus Exchange Bldg., Tampa
McEachern, J. R.,
Box 2214 .....Tampa
McRae, E. H.,
402 Citrus Exchange Bldg...Tampa
Maguire, Thomas C.,
104 S. Collins St.....Plant City
Maner, Geo. R.,
5111 Central Ave.....Tampa
Marney, Charles R.,
242 Lafayette Arcade.....Tampa
Martin, Douglas Dickinson,
906 So. Rome Ave. .....Tampa
Martorell, Abelardo,
Citizens Bank Bldg.....Tampa
Mills, Herbert R.,
706 Franklin St. .....Tampa
Mills, John Herman,
907 17th Ave. .....Tampa
Minardi, Joseph A.,
2203½ Seventh Ave. .....Tampa
Mitchell, L. B.,
Box 1020 .....Tampa
Moore, John T.,
3922½ Nebraska Ave. .....Tampa
Nelson, Robert G.,
712 Citizens Bank Bldg., ...Tampa
†Oppenheimer, Louis S.,
408 Citizens Bank Bldg.....Tampa
Ortega, Rafael,
Box 5513, Ybor Sta. .....Tampa
Patterson, Wm.,
312 Citrus Exchange Bldg...Tampa
Pearson, R. J.,
Rt. 1, Box 186.....Tampa
Rankin, Grover C.,
Box 1313 .....Tampa
Rowlett, W. M.,
Box 786 .....Tampa
Rudisill, C. A.,
Room 712, Citizens Bank Bldg.
..... Tampa
Saxton, J. J.,
315 Citrus Exchange Bldg...Tampa
Scuderi, S. A.,
230 S. Flower St., Los Angeles, Calif.
Shaver, E. F.,
1801½ 22nd St. .....Tampa
Smith, H. Mason,
903 Tampa Theatre Bldg....Tampa
Smoak, Edw.,
315 Citizens Bank Bldg.....Tampa
Spengler, Nathaniel L.,
903 Tampa Theatre Bldg....Tampa
Spoto, Joseph S.,
1829½ Seventh Ave. .....Tampa
Stone, Alvord L.,
102 E. Hillsboro Ave. .....Tampa
Stringer, Sheldon,
P. O. Box 105 .....Tampa
Taylor, Joseph W.,
706 Franklin St. .....Tampa
Torbett, R. S.,
409 1st Nat. Bank Bldg.....Tampa
Truelsen, Thomas,
Room 605, 706 Franklin St., Tampa
Vinson, J. C.,
215 Madison St., Box 724....Tampa
Weekley, Augustine S.,
325 Lafayette Arcade.....Tampa

JACKSON COUNTY MEDICAL SOCIETY

Pierce, J. Lewis, President...Marianna
Burns, M. Q., Vice-Pres....Blountstown
*Hudgens, T. H., Sec'y-Treas...Sneads
Baltzell, N. A. .....Marianna
Bertrem, J. Willie .....Greenwood
*Box, Wilmer C. .....Graceville
Dowling, J. B. .....Alliance
Finlay, David H. .....Blountstown
*Harrison, C. H. .....Cottondale
Hodges, G. S. .....Marianna
McKinnon, Daniel A. .....Marianna
Ryals, C. H.
R. F. D. No. 1.....Grand Ridge

LAKE COUNTY MEDICAL SOCIETY

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Izlar, A. L., Vice-President..Clermont
Ashton, Wilbur L., Sec'y-Treas...
..... Umatilla
Colley, Sanford C. .....Tavares
Conklin, Raymond C.,
141 W. 6th Ave.....Mt. Dora
Coupland, James D. .....Eustis
DeVane, W. G. .....Groveland
Fenn, Harry T. .....Mt. Dora
Hannum, M. M. .....Eustis
Hawkins, A. S.,
779 Montrose St. .....Clermont
Holland, Howard G.,
Suite 202, State Bk. Bldg., Leesburg
Lodor, Charles H.,
Palm Pharmacy Bldg.....Eustis
Morrison, Harry K.,
111 4th St., South.....Leesburg
Oetjen, Leroy H.,
Masonic Bldg .....Leesburg
Williams, Rabun H.,
Theatre Bldg. .....Eustis
Wood, Will L. .....Mt. Dora

LEE COUNTY MEDICAL SOCIETY

*Stone, Geo. S., President,
2nd and Henry .....Ft. Myers
Jones, H. Quillian, Sec'y-Treas.,
18, 19, 20 Leon Bldg.....Ft. Myers
Bostelman, Ernest,
201 Pythian Bldg.,
Hendry St. .....Ft. Myers
Grace, Wm. H.,
Earnhardt Bldg. .....Ft. Myers
Harrison, Warren A.,
Pythian Bldg. .....Ft. Myers
Johnson, M. F. .....Ft. Myers
Jones, J. William .....Ft. Myers
Longbrake, Guy A.,
308 2nd St. .....Ft. Myers
Merrick, C. Gordon,
26 Leon Bldg. .....Ft. Myers
Newton, Robley D.,
11-12 Leon Bldg. .....Ft. Myers

LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON COUNTY MEDICAL SOCIETY

Kendrick, Odis G., Sec'y....Tallahassee
Barnes, Benjamin F. ....River Junction
Brevard, Ephraim M.,
Lively Corner .....Tallahassee
Brinson, John B., Jr.,
Dogwood St. .....Monticello
Cobb, Alva Thos., Jr.,
Fla. State Hospital, Chattahoochee
Daves, F. E. .....Chattahoochee
Davis, Julius C.,
203-8 Masonic Bldg.....Quincy
Dozier, L. L. .....Tallahassee
Godard, Robt F.,
Key Bldg. .....Quincy
Gwynn, Geo. H., Jr.,
Telephone Bldg.....Tallahassee
Johnston, John K.,
Exchange Bank Bldg., Tallahassee
McClure, Herbert A.,
care State Board of Health Bldg.
..... Tallahassee
Massey, Wm. W.,
Davidson Bldg. .....Quincy
Miles, W. G. .....Chattahoochee
Mols, Edith P.,
Florida State College...Tallahassee
Moor, Frederick C.,
Telephone Bldg. .....Tallahassee
Murrow, J. S. .....Appalachicola
Palmer, Henry E.,
408 South Adams St.....Tallahassee
Pound, J. H. .....Chattahoochee
Rhodes, Bricey M.,
121 E. College Ave.....Tallahassee
Watson, Francis Marion.....Chipley
Wilensky, M. C.,
Fla. State Hospital, Chattahoochee
Wilhoit, Sterling E. .....Quincy
Wilkinson, B. A.,
Telephone Bldg. .....Tallahassee
Williams, J. F. .....Monticello
Williams, John L. .....Tallahassee

MADISON COUNTY MEDICAL SOCIETY

Davis, Geo. O.,
Sec'y-Treas. .....Madison
Long, E. .....Madison

MANATEE COUNTY MEDICAL SOCIETY

Sugg, Wm. D., President,
Bradenton Bank Bldg....Bradenton
Gates, Hubbard, Vice-President,
P. O. Box 245 .....Bradenton
English, A. Q., Sec'y-Treas., Palmetto
Blake, Lowrie W. .....Bradenton
Brown, J. O. .....Palmetto
Clark, George T. .....Bradenton
Floyd, A. J. .....Palmetto
Harrison, M. M. .....Bradenton
Hollingsworth, Samuel G.,
451 12th St. .....Bradenton
Lancaster, B. M. .....Manatee
Larrabee, Chas. Wm.,
Larrabee Hospital .....Bradenton
McDuffee, Toliver M. .....Manatee
Mason, John F. .....Bradenton

MARION COUNTY MEDICAL SOCIETY

Wallis, Thos. H., President,
104 S. Magnolia St. .....Ocala
Strange, J. L., Vice-President, McIntosh
*Jordan, W. B., Sec'y-Treas.....Ocala
Cammack, K. R. .....Gulf Hammock
Chalker, James L.,
Masters Bldg. .....Ocala
Dozier, Henry C.,
9 No. Magnolia St. .....Ocala
Ferguson, R. D.,
Box 802 .....Ocala
Freeman, Albert H.,
Holder Block .....Ocala
†Hood, J. W. .....Ocala
Lane, W. K. .....Ocala
Lindner, E. G. .....Ocala
Lisk, Percy F. .....Ft. McCoy
Moore, J. N.,
210-12 Professional Bldg.....Ocala
Peek, Eugene G.,
Commercial Bk. & Tr. Bldg., Ocala
Watt, Harry F. .....Ocala

MONROE COUNTY MEDICAL SOCIETY

Galey, Harry C., President,
532 Fleming St. .....Key West
Pintado, Nilo C., Vice-President,
330 Duval St. .....Key West
Warren, Wm. R., Sec'y-Treas.,
511 Eaton St. .....Key West
Plummer, Geo.,
504 Simonton St. .....Key West

ORANGE COUNTY MEDICAL SOCIETY

Osincup, Gilbert S., President,
300 E. Colonial Dr. .....Orlando
Johnston, Hewitt, Vice-President,
Box 2002 .....Orlando
Orr, Louis M., Jr., Secretary,
311 Exchange Bldg. .....Orlando
Collins, Chas. J., Treasurer,
209-212 Exchange Bldg. ..Orlando
Andrews, Laurin L.,
P. O. Box 1100 .....Orlando
Andrews, Mitchell M.,
Box 1817 .....Orlando
Ashley, K. C.,
1665 Florence .....Los Angeles, Cal.
Beardall, Harold M.,
147 E. Church St. .....Orlando
Brinson, H. .....Kissimmee
Burks, B. Auxford,
108 E. Park Ave. .....Winter Park
Butler, Paul T.,
23 Autrey Arcade .....Orlando

* Deceased. † Honorary Member.

Carroll, C. .....Apopka
Chappell, John R.,
Box 1370 .....Orlando
Chiles, J. H.,
Box 943 .....Orlando
Christ, Calvin D.,
Box 1137 .....Orlando
Coffin, C. E.,
336 Interlachen Ave., Winter Park
Day, Horace A.,
209-212 Exchange Bldg.....Orlando
Dodds, Wm. H.,
11th St. and Penn. Ave., St. Cloud
Edwards, Gaston H.,
106-110 E. Central Ave.....Orlando
Folsom, Spencer A.,
11 Lucerne Circle .....Orlando
Gardner, J. F. .....Winter Park
Geiger, Hugh S.,
24½ Broadway .....Kissimmee
Gray, Frank D.,
311-12 Exchange Bldg.....Orlando
Gwynn, Humphrey W.,
Clinic Bldg. .....Orlando
Harms, F. H.,
40 N. Orange St. .....Orlando
Hoffmann, Carl D.,
25-27 Autrey Arcade .....Orlando
Hotard, Roland F.,
226 E. Park Ave. .....Winter Park
Ingram, L. C.,
Box 1711 .....Orlando
†Johnston, Colonel Geo. C.,
Box 272 .....Orlando
Lawrence, E. J. .....Winter Garden
Lawson, Ben H. .....Winter Garden
Lewis, P. M.,
Box 346 .....Orlando
McBride, Thomas E. .....Apopka
McEwan, Duncan T.,
106-110 E. Central Ave.....Orlando
McEwan, John S.,
106-110 E. Central Ave.....Orlando
Mallory, Meredith,
Box 1011 .....Orlando
Marshall, C. J.,
Exchange Bldg. .....Orlando
Morton, B. Rosalie Slaughter,
..... Winter Park
Neal, Thomas A.,
Box 321 .....Orlando
Oertel, H. B.,
32 E. Concord Ave. .....Orlando
†Person, W. C.,
258 So. Main St. .....Orlando
Pines, John A.,
106-110 E. Central Ave.....Orlando
Redding, John L.,
126 S. Orange St. .....Orlando
Rivers, Thomas M. .....Kissimmee
Shoemaker, Samuel A.,
30 E. Church St. .....Orlando
Sinclair, W. E.,
Clinic Bldg. .....Orlando
Spiers, Wm. H.,
Box 1712 .....Orlando
Sutter, Leroy M.,
Orlando-Fla. Sanitarium...Orlando
White, Roland T.,
211 S. Rosalind Ave. .....Orlando

PALM BEACH COUNTY MEDICAL SOCIETY

Netto, Lloyd J., President,
415 Comeau Bldg..W. Palm Beach
Carlisle, J. L., Vice-President,
315 Comeau Bldg. ..W. Palm Beach
Johnson, Vesey M., Secretary,
Good Samaritan Hospital .....W. Palm Beach
Herpel, Frederick K., Treasurer,
Box 1057 .....W. Palm Beach
Arnold, Wilbur O.,
Box 1735 .....W. Palm Beach
Baldwin, R. Henry,
1101 Harvey Bldg. ..W. Palm Beach
Binkley, John F.,
1206 Harvey Bldg...W. Palm Beach
Blair, Wm. M.,
424 Comeau Bldg. ..W. Palm Beach
Brantley, Grady H.,
P. O. Box 336 .....Lake Worth
Clay, B. S.,
1203 Harvey Bldg. ..W. Palm Beach
Cooley, Roy O.,
Box 1735 .....W. Palm Beach
Creel, Chas. E.....Pahokee
Dawson, Geo. Millard,
P. O. Box 1836....W. Palm Beach
Denison, Raymond C.,
521 Lake Ave. .....Lake Worth
Fleming, Samuel W.,
417 Harvey Bldg....W. Palm Beach
George, Wm. W.,
1116 Harvey Bldg. ..W. Palm Beach
Gerlach, Earl B.,
Gosman Bldg. .....W. Palm Beach
Gill, Richard S.,
1114 Florida Ave...W. Palm Beach
Gunter, T. D.,
Box 85 .....W. Palm Beach
Heath, Guy W.,
409-11 Harvey Bldg., W. Palm Beach
Lewis, Gaylord,
Harvey Bldg. .....W. Palm Beach
Nowling, James C.,
309 Harvey Bldg. ...W. Palm Beach
Papot, Grace E.,
811 Harvey Bldg. ...W. Palm Beach
Peek, Leon A.,
119 S. Narcissus St., W. Palm Beach
Peery, E. W.,
801 Harvey Bldg. ...W. Palm Beach
Pittman, J. H.,
401 Guaranty Bldg., W. Palm Beach
Powell, J. A.,
Box 561 .....W. Palm Beach
Rowe, Alva .....Lake Worth
Rozier, Lauchlin M.,
411-414 Comeau Bldg., W. P. Beach
Sayad, Wm. Y.,
1215 Harvey Bldg. ..W. Palm Beach
Shackelford, C. W. ....W. Palm Beach
Shackelford, W. L. ....W. Palm Beach
Sory, B. B., Jr.,
Harvey Bldg. .....W. Palm Beach
Stone, Vale D.,
313 Monroe Drive ..W. Palm Beach
Warren, Hobart E.,
Phipps Plaza .....Palm Beach
Weems, Nat M. .....Boynton
Wilber, A. B. .....Palm Beach
Young, Wilburn C. .....Canal Point

PASCO-HERNANDO-CITRUS COUNTY MEDICAL SOCIETY

Cannon, Augustus B., Pres., Lacoochee
Dame, Leland H., Vice-Pres., Inverness
Furlow, L. T., V.-Pres.....Brooksville
Creekmore, Geo. R., Sec'y-Treas.,
112 N. Main St. .....Brooksville
Bradshaw, J. T. .....San Antonio
Coogler, A. C. .....Brooksville
Dame, Geo. A.,
241 Main St. .....Inverness
Hamblin, A. C. .....Valrico
Hudson, P. J. .....Crystal River
Jackson, Thos. Fred,
Box 241 .....Dade City
Mills, David A. .....Zephyrhills
Moon, William B. .....Crystal River
Sistrunk, Robt. D. .....Dade City

PINELLAS COUNTY MEDICAL SOCIETY

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St. Anthony's Hosp., St. Petersburg
Gable, Linwood M., 1st Vice-Pres.,
Power & Light Bldg., St Petersburg
Post, Wm. G., Jr., 2nd Vice-Pres.,
814-815 Power & Light Bldg. .....St. Petersburg
Mills, A. L., Secretary,
814 1st Nat. Bk. Bldg., St. Petersburg
Miller, Geo. E., Treasurer,
Equitable Bldg. .....St. Petersburg
Albaugh, Andrew P. ...Tarpon Springs
Anderson, J. M.,
Fla. Power Bldg.....St. Petersburg
Anderson, Wm. Douglas,
Box 53 .....Largo
Bieker, Annette M.,
Power & Light Bldg., St. Petersburg
Black, M. Eldridge,
311 Coachman Bldg. ....Clearwater
Bucknell, Howard,
Biltmore Hotel .....Atlanta, Ga.
Burnette, Elmer W.,
1st Nat. Bank Bldg., Tarpon Springs
Cooper, J. H.,
1st Natl. Bk. Bldg., St. Petersburg
Cranford, J. F.,
512-14 First Natl. Bk. Bldg. .....St. Petersburg
Davis, W. M.,
342 1st Ave., North ...St. Petersburg
Dawson, S. A.,
870 7th Ave., North..St. Petersburg
Dickerson, Lucien B.,
Williamson Bldg. .....Clearwater
Echard, T. B.,
Fla. Natl. Bk. Bldg., St. Petersburg
Farber, Wm. P.,
807 Pow. & Lt. Bldg., St. Petersburg
Funk, Neil E.,
305 Fla. Natl. Bank Bldg. .....St. Petersburg
Gable, Nonie Wilson,
Health Dept.,
175 Fifth St., North, St. Petersburg
Gable, Nonie Worth,
706 Pow. & Lt. Bldg., St. Petersburg
Green, Thadeus H.,
1014-15 Equitable Bldg. .....St. Petersburg
Griffin, Thos. R.,
Power & Light Bldg., St. Petersburg
Groves, W. H. .....Clearwater
Harden, W. W.,
814 1st Nat. Bk. Bldg. St. Petersb'g
Hardenbergh, John A.,
401 Pow. & Lt. Bldg., St. Petersburg
Hebard, C. E.,
741 Fifth Ave., No., St. Petersburg
Heibner, Eugene A.,
Power & Light Bldg., St. Petersburg
Herring, John A.,
350 3rd Ave., North, St. Petersburg
Hooper, C. A.,
200 Fourth St., No., St. Petersburg
Horne, Lester W.,
Power & Light Bldg., St. Petersburg
Jennings, Frank S.,
149 2nd St., North, St. Petersburg
Kaufman, Frank E.,
Coachman Bldg. .....Clearwater
Knowlton, R. H.,
Power & Light Bldg., St. Petersburg
Kumm, F. F.,
427 40th Ave., N. E. .....Minneapolis, Minn.
Lambdin, L.,
Box 1805 .....St. Petersburg
Langley, Francis H.,
614 Times Bldg ....St. Petersburg
LeBreton, Prescott,
American Legion Hospital .....St. Petersburg
Leith, Richard Bliss,
201 Snell Bldg.....St. Petersburg
Lochner, G. M.,
406 Pow. & Lt. Bldg., St. Petersburg
Lustig, Emil,
500 7th Ave., No. ..St. Petersburg
McConnell, Whitman C.,
1005 Equitable Bldg., St. Petersburg
MacCordy, Earl C.,
1335 9th St., North, St. Petersburg
Marr, Norval M.,
812 Pow. & Lt. Bldg., St. Petersburg
Mease, John A., Jr.,
Virginia Ave. .....Dunedin
Melville, Edmond J.,
335 Third Ave., No., St. Petersburg
Moeller, Maximilian W.,
1077 15th Ave., No., St. Petersburg
Morgan, William E.....Chicago
Murphy, Ralph D.,
Box 82 .....St. Petersburg
Nettles, Robbins,
402-5 Coachman Bldg....Clearwater
Nickle, Millen Alexander,
503-5 Coachman Bldg....Clearwater
O'Brien, Raymond K.,
E. 105 5th Ave., No., St. Petersburg
†Osgood, G. E.,
2804 4th St., So. ....St. Petersburg
Peabody, J. D.,
456 3rd St., North, St. Petersburg
Prather, B. T.,
1st Natl. Bk. Bldg., St. Petersburg
Putnam, Harry Lyman,
1027 17th Ave., No., St. Petersburg
Quicksall, J. Braden,
221 Taylor Arcade...St. Petersburg
Quicksall, Wm. E.,
222 Taylor Arcade...St. Petersburg
Remington, Alvah C.,
304 W. Ave.....Rochester, N. Y.
Roope, A. P.,
Power & Light Bldg., St. Petersburg
Roush, Franklin W.,
4689 Lakeview Ave., St. Petersburg
Rudolph, Councill C.,
512 Power Bldg.....St. Petersburg
Sackett, Harry R.,
Box 41, Station "A", St. Petersburg
Simcox, Lawrence,
235 4th Ave., North, St. Petersburg
Solomon, H. D.,
Power & Light Bldg., St. Petersburg
Strickland, Jesse A.,
712 Pow. & Lt. Bldg., St. Petersburg
Stuart, M. H.,
208 Equitable Bldg., St. Petersburg

* Deceased. † Honorary Member.

Timberlake, Gideon,
6th Fl., Times Bldg., St. Petersburg
Wade, Hugh W.,
512 Fla. Power Bldg., St. Petersburg
White, Benj. Lewis,
202 1st Natl. Bank
Bldg., ... St. Petersburg
Whitford, Grace Ruarc ..... Ozona
Williams, Carl Alonzo,
Box 975 ..... St. Petersburg
Winchester, Harold E.,
Box 448 ..... Dunedin
Wood, Alvin J.,
801 1st Natl. Bank
Bldg. ..... St. Petersburg
Wylie, Leroy A.,
210-213 Medical Arts
Bldg. ..... St. Petersburg

POLK COUNTY MEDICAL SOCIETY

Hargrove, Julian L., President,
Polk County Hospital ..... Bartow
Hughes, Robt. L., Vice-President,
225 E. Main St. ..... Bartow
Watson, Herman, Sec'y-Treas.,
P. O. Box 944 ..... Lakeland
Alexander, Omer R.,
Room 25 & 26 Beymer
Bldg. ..... Winter Haven
Besenbruch, Peter W.,
Orange St. ..... Davenport
Bird, Donald P.,
Marble Arcade ..... Lakeland
Boulware, James,
303 Marble Arcade ..... Lakeland
Carefoot, G. H. ..... Ft. Meade
Clark, Samuel A.,
802 Marble Arcade Bldg., Lakeland
Cline, R. L.,
P. O. Box 462 ..... Lakeland
Cordes, Henry B., Jr.,
P. O. Box 84 ..... Frostproof
Epling, Brady D. ..... Lake Wales
Freeman, Grover C.,
P. O. Box 1202 ..... Lakeland
Fuller, Henry ..... Mulberry
Gilchrist, J. G.,
Box 744 ..... Bartow
Griffin, J. D.,
203 Hartzell ..... Lakeland
Gyland, Stephen P. ..... Brewster
Horton, Waldo,
539 Ave. B, N. W. ... Winter Haven
Hurlburt, C. J. ..... Bartow
Irons, F. E. ..... Winter Haven
Koon, Alpheus C.,
513 W. Lemon ..... Lakeland
Lester, John G.,
P. O. Box 548 ..... Lakeland
Lindsey, Sherrod A. ..... Ft. Meade
McMurray, E. R.,
655 Wilson Ave. ..... Bartow
Martin, Emmett E.,
152 7th St. ..... Haines City
Mootv, Ross Heflin ..... Winter Haven
Murphy, C. H. ..... Bartow
Murphy, H. K.,
Polk and Main Sts. ..... Mulberry
Newman, Heber Peacock ..... Bartow
Overstreet, Geo. C.,
Marble Arcade ..... Lakeland
Pearce, C. C. ..... Mulberry
Pennington, B. Y. ..... Lake Wales
Ragsdale, Velpeau H.,
A. A. C. Co. Hospital ..... Pierce
Richards, H. Mercer,
Box 72 ..... Lakeland
Sample, Joseph R. ..... Haines City
Shafer, W. W. ..... Haines City
Sherman, Wm. E.,
716 W. Central Ave., Winter Haven
Simmons, Thomas G.,
Corlett Bldg. ..... Auburndale
Simpson, W. T. ..... Winter Haven
Smith, Samuel F.,
Box 628 ..... Lakeland
Stetson, A. G. C.,
Sullivan Bldg. ..... Lakeland
Sullivan, Raleigh R.,
1006 Marble Arcade Bldg., Lakeland
Tillis, W. L.,
502 Marble Arcade Bldg., Lakeland
Tinkler, B. R. ..... Lake Wales
Vaughn, John W.,
Box 1021 ..... Lakeland
Weed, Walter A.,
Morrell Memorial Hosp., Lakeland
Wilhoyte, Roy E. ..... Lake Wales
Williams, E. L. ..... Ft. Meade
Wilson, Cecil H. ..... Bartow
Wilson, John F., Jr.,
P. O. Box 254 ..... Lakeland

PUTNAM COUNTY MEDICAL SOCIETY

Drexel, A. E., President ..... Palatka
Main, Daniel C., Vice-Pres. ... Pomona
Warren, Edmund W., Sec'y-Treas.,
Box 88 ..... Palatka
Ford, Edward W., ... Crescent City
Miller, W. S. ..... Palatka
Strong, S. B.,
Whitfield-Fraser Hos-
pital ..... Panama City

ST. JOHNS COUNTY MEDICAL SOCIETY

Walton, Milton, President ..... Hastings
White, Herbert E., Vice-President,
401-3-5 First Natl. Bank
Bldg. ..... St. Augustine
Britt, Reddin, Secretary,
Box 1226, ... St. Augustine
Potter, Geo. W., Treasurer,
East Coast Hospital .. St. Augustine
Estes, Edgar S.,
Rms. 305-307-309 1st Natl.
Bank Bldg. ..... St. Augustine
Fletcher, E. Gordon,
East Coast Hospital .. St. Augustine
Grace, Chas. C.,
East Coast Hospital .. St. Augustine
Irwin, J. M. ..... St. Augustine
Lockwood, Vernon A.,
East Coast Hospital .. St. Augustine
Stanton, Gordon ..... Hastings
Walkup, A. Clark,
116 St. George St. ..... St. Augustine

ST. LUCIE-OKEECHOBEE-INDIAN RIVER-MARTIN COUNTY MEDICAL SOCIETY

Davis, Claude L., President, Okeechobee
Whiddon, Lester L., Vice-President,
200-201 Peacock Bldg., Ft. Pierce
Parker, J. D., Sec'y-Treas.,
P. O. Box 942 ..... Stuart
Boothe, R. C. ..... Ft. Pierce
Clark, H. D.,
Ft. Pierce Bank & Trust
Bldg. ..... Ft. Pierce
Claxton, W. A.,
State Board of Health, Jacksonville
Council, Melton D.,
Arcade Bldg. ..... Ft. Pierce
Glidden, C. H. ..... Ft. Pierce
Hardee, E. B. ..... Vero Beach
Hardie, Grover C.,
134½ N. 2nd St. ..... Ft. Pierce
Newnham, J. A. ..... Stuart

SARASOTA COUNTY MEDICAL SOCIETY

Halton, Jack, President ..... Sarasota
Cribbins, Orville H., Vice-President,
224 Commercial Court .... Sarasota
Patterson, John C., Sec'y-Treas.,
Palmer Natl. Bank Bldg., Sarasota
Burgner, Blanche A. ..... Sarasota
Halton, Jos.,
Pineapple Ave. ..... Sarasota
Harris, J. E.,
224 Commercial Court .... Sarasota
Johnston, W. J.,
215 Commercial Court .... Sarasota
Kennedy, David R.,
1st Bank & Trust Bldg. ... Sarasota
Metzger, Frank C.,
916-17 Citizens Bank Bldg., Tampa
Morton, Arthur O.,
Commercial Court ..... Sarasota
Myers, Nicholas P. ..... Parrish
Taylor, T. W.,
Walpole Bldg., Main St. .. Sarasota
Wilson, Cullen B.,
1st Trust & Bank Bldg. .... Sarasota

SEMINOLE COUNTY MEDICAL SOCIETY

Martin, John Wm., President,
Box 95 ..... Oviedo
Tolar, Julian N., Vice-President,
First St. ..... Sanford
Denton, John T., Sec'y-Treas.,
Meisch Bldg. ..... Sanford
Knox, A. W.,
Masonic Temple ..... Sanford
Langley, W. T.,
Meisch Bldg. ..... Sanford
Mitchell, Clifford M. ..... Sanford
Park, Chas. Lanier,
515-516 1st Natl. Bk. Bldg., Sanford
Puleston, Samuel,
Brumley Puleston Bldg. .... Sanford
Selman, G. S.,
Lake View Ave. ..... Sanford
Smith, Henry D.,
108½ Park St. ..... Sanford
Stevens, Ralph E.,
212 N. Park Ave. ..... Sanford

SUMTER COUNTY MEDICAL SOCIETY

Mitchell, W. E., Secretary,
P. O. Box 237 ..... Coleman
Albritton, Andrew B. ..... Wildwood
Wood, S. C. ..... Leesburg

TAYLOR COUNTY MEDICAL SOCIETY

Ellis, John C., President ..... Perry
Weeks, J. L., Sec'y-Treas. ..... Perry
Baker, W. J. ..... Foley
Bryan, W. H. ..... Scanlon
Greene, Ralph J. ..... Perry
Smith, Walton H. Y.,
County Health Officer ..... Perry
Warren, Geo. H.,
Main St. ..... Perry

VOLUSIA COUNTY MEDICAL SOCIETY

Taylor, Joseph E., President .... DeLand
Wells, J. Ralston, Vice-President,
Woolworth Bldg. ... Daytona Beach
Rutter, Joseph H., Sec'y-Treas.,
110 S. Palmetto Ave., Daytona Beach
Bohannon, Clyde C.,
154 1st Ave. ..... Daytona Beach
Bouchelle, Louis B. ..... New Smyrna
Brown, L. V. L. ..... DeLand
Chandler, J. R.,
213 Orange Ave. .... Daytona Beach
Clemmer, Chas. A.,
Box 3236 ..... Daytona Beach
Davis, C. W.,
231 Coates St. ..... Daytona Beach
Davis, Geo. A.,
Dreka Bldg. ..... DeLand
Davis, Joseph Brown,
Halifax Dist. Hosp., Daytona Beach
Dillard, T. H. ..... DeLand
Doern, William Y.,
Box 5272 ..... Daytona Beach
Esch, J. P.,
315 So. Penn. Dr., Daytona Beach
Fogarty, Joseph N.,
Bin 5 ..... Daytona Beach
Forster, Davis,
326 So. Beach St. .... Daytona Beach
Glatzau, L. W.,
Dreka Bldg. ..... DeLand
Green, George M.,
102½ S. Beach ..... Daytona Beach
Henry, H. W.,
205 State Bank Bldg., New Smyrna
Howe, Raymond,
Box 1582 ..... Daytona Beach
Howe, Roy,
222 Volusia Ave. .... Daytona Beach
Johnson, Harry D.,
Box 1242 ..... Daytona Beach
Merryday, Harry L. .... Daytona Beach
Miller, B. E.,
412 Canal St. ..... New Smyrna
Miller, Harold E.,
412 Canal St. ..... New Smyrna
Miller, R. L.,
258½ S. Beach St. .. Daytona Beach
Munson, Albert S.,
110 So. Blvd. ..... DeLand
Myres, M. J.,
Room 5, P. O. Bldg., Daytona Beach
Pay, W. C.,
221 W. Rich Ave. ..... DeLand
Rawlings, James E.,
221 Orange Ave. .... Daytona Beach
Stern, Maximilian,
Dreka Bldg. ..... DeLand
West, Hugh ..... DeLand
White, J. Blake,
Ormond Beach Hotel, Ormond Beach

WALTON-OKALOOSA COUNTY MEDICAL SOCIETY

Spires, R. B., President, DeFuniak Spgs.
Webb, E. P., Vice-President,
City Pharmacy ..... Crestview
Williams, A. G., Sec'y-Treas., Lakewood
Huggins, E. L. ..... Freeport
McSween, J. C. ..... DeFuniak Springs
Spires, W. G. ..... Darlington
Stephens, S. E. ..... Laurel Hill

INDIVIDUALS

†Anderson, Thomas S.,
P. O. Box 127 ..... Live Oak
Paul, L. H.,
Box 256 ..... Bonifay

* Deceased. † Honorary Member.

STATE NEWS ITEMS

Dr. Gerry R. Holden, Jacksonville, was one of the guest speakers at the annual banquet of the Hillsboro County Medical Society held January 17th at Tampa.

* * *

Dr. Herrman Harris of Jacksonville delivered an interesting address on "The Evolution of Medicine" before the local Exchange Club during a meeting held in January.

* * *

Dr. George Scott McKnight and family of Avon Park were recent visitors in Haines City.

* * *

Dr. W. C. Page of Cocoa was a guest of the Orange County Medical Society at its annual banquet held recently.

* * *

Dr. W. C. Blake of Tampa was a visitor in Arcadia the latter part of January.

* * *

Dr. A. J. Bertram of Miami was recently robbed of a considerable sum of money by two bandits, one of whom had previously telephoned him, asking that he come to a certain address to treat a patient. Nearing the appointed place, the bandits boarded his car.

* * *

Dr. L. T. Furlow was the honored guest at a dinner party given at the Tangerine Hotel, Brooksville, by his friends recently. The occasion was in the form of a farewell party as Dr. Furlow and family left soon thereafter for St. Louis where he will engage in surgical work.

* * *

Dr. Hewitt Johnston of Orlando was the principal speaker at a meeting of the Orange County Health Council held the latter part of January. He spoke on "Immunization."

* * *

Dr. and Mrs. W. Lee Ashton of Umatilla were recently dinner guests of Dr. and Mrs. H. G. Holland of Leesburg.

* * *

Dr. J. N. Fogarty of Daytona Beach was recently surprised in the dining room of the Ormond Hotel on the evening of January 25th and presented with a large birthday cake. Dr. Fogarty is house physician for the Hotel Ormond, Hotel Coquina and Hotel Clarendon.

* * *

Dr. and Mrs. J. Pitt Tomlinson of Lake Wales were recent visitors in Sebring.

Dr. and Mrs. Sherman Forbes of Tampa recently returned from an extensive trip to Europe. Sailing last September, they visited Germany, Czechoslovakia, Vienna, Hungary, Italy, Switzerland, Monaco and France. Dr. Forbes worked in the clinics of Vienna for three months.

* * *

The following has been received from the Orange County Medical Society:

"By virtue of action recently taken by the Orange County Medical Society, Dr. L. M. Sutter and Dr. L. L. Andrews, of the Florida Sanitarium, have been suspended by that organization indefinitely.

"These members were tried on January 11, 1933, for violation of Section 4, Article 1, Chapter 2 of the Principles of Medical Ethics and were found to be guilty."

* * *

Dr. T. H. Wallis of Ocala was recently elected president of the local Kiwanis Club.

* * *

Dr. F. K. Herpel of West Palm Beach was the principal speaker at a meeting of the Junior Chamber of Commerce in that city recently. Dr. Herpel discussed the use of the X-ray in medicine and in industrial work.

* * *

The many friends of Dr. W. C. Chowning of New Smyrna will be glad to learn that he is well on his way to recovery, following an illness of some two weeks.

* * *

Dr. Jack Halton, Sarasota, who is first vice-president of the Association, delighted a large audience recently at the First Presbyterian Church of that city, when he appeared as soloist. Among other selections, Dr. Halton sang a composition of his own to the melody of Hayden's "Nature's Adoration," which was very well received.

* * *

Dr. Ernest B. Milam, Jacksonville, who is Florida district Kiwanis governor-elect, conducted the installation of officers at Tallahassee on December 31st.

* * *

Dr. Charles L. Kennon was the principal speaker before the Shadowlawn P.-T. A. recently. He explained the difference between antitoxin, toxin antitoxin and toxoid.

Dr. C. W. Larrabee recently addressed the Bradenton Optimist Club. He told of experiments being made to determine the source of the high iodine content of Florida sugar beets and brought out that it had been found that the burnt roots of the palmetto furnish this constituent.

* * *

Dr. C. J. Heinberg of Pensacola was recently elected president of the local Kiwanis Club.

* * *

Dr. W. J. Baker of Foley has proved that strawberries can be grown successfully in Taylor County. The first berries from his farm were picked before the middle of January.

* * *

Dr. C. B. Wilson of Sarasota was recently re-elected president of the First Trust Company of that city.

* * *

Dr. Gilbert S. Osincup of Orlando was the principal speaker at the January meeting of the local Parent-Teachers' Association. Dr. Osincup chose as his subject: "Immunization."

* * *

Dr. R. L. Hughes of Bartow has been appointed a lieutenant colonel on the Governor's staff.

* * *

Dr. C. C. Webb, Pensacola, acted as toastmaster at a "birthday party" of the local Kiwanis Club recently. Dr. Webb is a former president of the Club.

* * *

Dr. J. W. Hodges, who for some time has been located at Hampton, Va., has returned to Florida and is now house physician at the Gralynn Hotel, Miami.

* * *

Dr. and Mrs. Leigh F. Robinson of Ft. Lauderdale recently entertained the doctors of the Memorial Hospital staff and their wives, at a buffet supper at their home in Idlewyld.

* * *

Dr. E. W. Bitzer of Tampa and family recently spent some time in Ocala where they visited relatives.

* * *

Dr. W. J. Johnston was recently elected president of the Sarasota Kiwanis Club.

* * *

Dr. Gerry R. Holden, Jacksonville, was the guest speaker at the quarterly meeting of the Leon-Gadsden-Liberty-Wakulla-Jefferson County Medical Society held at the Chattahoochee Hospital in January.

RALPH E. SMITH

Dr. Ralph E. Smith, a resident of Jacksonville for thirty-five years, died after a very brief illness on September 25th, at the age of 64 years.

Dr. Smith was born in Rome, Ga. He was a graduate of the Emory University Medical College and was lecturer and preceptor, at the Atlanta Medical College. He had been a member of the staffs of Gouverneur and Bellevue Hospitals in New York and also had practiced medicine in Atlanta, prior to moving to Sanford to take charge of the Fernald-Laughton Memorial Hospital.

Following his medical career in Sanford he moved to this city 35 years ago and for the last nine years he had been county physician. Dr. Smith was known and beloved by thousands of persons in Duval County and throughout the State for his charitable and benevolent work. Very little was said of his philanthropies and only his close friends knew the extent of his charity practice.

Dr. Smith, during his 35 years as a resident of this city, had been engaged in a general practice and much of his work had been with the railroad and steamship lines.

Surviving him are two sons, Carl H. Smith of this city and Ralph K. Smith, pilot of the Eastern Air Transport out of Richmond, Va.

WILLIAM BULLARD JORDAN

Dr. William B. Jordan of Ocala died at the Munroe Memorial Hospital, January 17th.

Dr. Jordan was born November 17, 1892, in Bartow, Washington county, Georgia, where in 1916 he was married to Miss Mary Lou Smith. He received his medical training at the Atlanta Medical college in Atlanta, Georgia, where he was graduated in 1914. For several years he practiced in that city.

In 1923, Dr. Jordan moved to Florida and began to practice at Homestead. In 1929 he went to New York where he entered the Postgraduate Hospital to begin specialist work in eye, ear, nose, and throat treatment.

A short time after the completion of his work he became house surgeon in the Bronx Eye and Ear Infirmary.

In March, 1931, Dr. and Mrs. Jordan came to Ocala where Dr. Jordan became associated with Dr. A. H. Freeman in the Holder building.

During their two years in that city, Dr. and Mrs. Jordan gained a wide and warm circle of friends and acquaintances. Both were socially prominent. Dr. Jordan was highly active in sports, and was particularly active in golf. He was a member of the Kiwanis club, secretary of the Marion County Medical Society, a member of the Florida Medical Association and the American Medical Association.

JOHN S. HELMS MEMORIAL ASSOCIATION

A meeting was called at the auditorium of the Tampa Chamber of Commerce Building Tuesday night, January 10th, for the purpose of organizing a John S. Helms Memorial Association. More than a hundred of Dr. Helms' friends, and citizens of Tampa were in attendance.

The meeting was called to order by Dr. H. Mason Smith, chairman of the committee from the Hillsboro County Medical Society on the John S. Helms Memorial and after a brief talk in which he stated the history of the movement and the purpose of the meeting he requested statements from others present.

A motion was made to form a memorial association, after which an organization and nomination committee was appointed which recommended the following named officers who were unanimously elected:

President—Peter O. Knight.
First Vice-President—Dr. H. Mason Smith.
Second Vice-President—Cody Fowler.
Third Vice-President—Mrs. Wm. M. Taliaferro.
Secretary—Dr. Bundy Allen.
Treasurer—R. J. Binnicker.
Members of Board of Directors: Geo. P. Raney, E. D. Lambright, T. N. Henderson, D. B. McKay, Judge L. L. Parks, Harry C. Culbreath, Isaac Maas.
Men's Advisory Board: Dr. W. M. Rowlett, J. A. Griffin, R. M. Prince, O. Falk, Dr. C. T. Young, Plant City; Collins Gillett, Rev. Francis S. White, J. W. Dupree.
Women's Advisory Committee: Mrs. A. C. Warren, Mrs. T. M. Shackleford, Sr., Mrs. Hugh C. Macfarlane, Mrs. Harry Roberts, Mrs. Hansard Foley, Mrs. J. A. Hansbrough, Mrs. Isaac Levy, Mrs. Joseph S. Mims, Mrs. L. R. Woods, Sr.

The type of memorial to be established for Dr. Helms was not determined at this meeting but there was some discussion on the subject and the consensus of opinion was that the best memorial would be a portrait of Dr. Helms in bronze on a large pedestal to be placed in some public park, probably Marjorie Park opposite the hospital. By action of the Association the directors were instructed to call another meeting of the Association in the near future at which time their recommendations for the type of memorial would be submitted to the organization.

A motion was made to have membership dues of one dollar annually, the money collected in this way to be used for the administration expenses of the Association, and all the people present registered as members at this meeting.

COMPONENT COUNTY SOCIETIES

BROWARD COUNTY MEDICAL SOCIETY

The December meeting of the Broward County Medical Society was held at the home of Dr. Anna Darrow, who served as secretary-treasurer of the Society during 1932. Officers were elected for the year 1933, as follows:

President—H. J. Peavy, Ft. Lauderdale.

Vice-President—B. F. Butler, Hollywood.

Sec'y-Treasurer—O. C. Brown, Ft. Lauderdale.

Dr. E. M. Hendricks was elected delegate to the annual convention with Dr. Leigh F. Robinson, alternate. Dr. A. B. Connor of Hollywood was elected censor.

After the business meeting, refreshments were served by the hostess.

DADE COUNTY MEDICAL SOCIETY

At a meeting of the Dade County Medical Society held February 3rd, the following scientific program was presented:

"The Clinical Aspects of Nerve Blocking, with Special Reference to the Autonomic Nervous System," Gaston Labat, New York.

"A Suggestion Regarding the Treatment of Complete Suppression of Urine, as in Bichloride Poisoning," Carleton Deederer, Miami.

"A Few Remarks Concerning the Golden Rule in Medicine," P. L. Dodge, Miami.

DE SOTO-HARDEE-HIGHLANDS COUNTY MEDICAL SOCIETY

At the December meeting of the DeSoto-Har-

dee-Highlands County Medical Society, the following officers were elected to serve for 1933:

President—J. A. Simmons, Arcadia.

Vice-President—G. F. Highsmith, Arcadia.

Sec'y-Treasurer—L. W. Martin, Sebring.

Dr. H. V. Weems of Sebring was elected delegate to the state convention, with Dr. I. W. Chandler of Avon Park, alternate.

At the January meeting of the Society, Dr. Herman Watson of Lakeland was the principal speaker. He presented a paper on "Gall-Bladder Surgery."

DUVAL COUNTY MEDICAL SOCIETY

The first issue of a monthly bulletin by the Duval County Medical Society was mailed early in February. This little bulletin includes the names of officers and standing committees; the program for the next meeting; and two pages of text.

In addition to a splendid program at the meeting held February 7th, a number of important resolutions were offered and approved. These will appear in next month's Journal.

The following comments are reproduced from the February bulletin to which we have just referred:

"The committees are working splendidly. They are earnest and energetic, and we will soon begin to see the fruits of their labors. The entertainment and fellowship committee is framing up a year's program of social activities which should afford us ample opportunity to forget our troubles at least once a month; to brush elbows and get our best stories off our chests. We hear of golf matches, beach picnics, fishing trips, etc., but they have not arranged the entire program as yet."

"The medical economics committee is especially active and earnest in tackling the almost insoluble problems concerning us all with which they have to deal. They are meeting once a week, and plan to continue this during the entire year."

"The scientific program committee has worked out the programs for the entire year. We are sure you are going to like them and to profit by them. No long-winded and tedious papers are on the program at any meeting. Short, snappy discussions only."

LEE COUNTY MEDICAL SOCIETY

The annual election of officers of the Lee County Medical Society was held January 13th at the Lee Memorial Hospital, Ft. Myers. The following officers were chosen:

President—H. Quillian Jones, Ft. Myers.

Vice-President—Ernest Bostelman, Ft. Myers.

Sec'y-Treasurer—Robley D. Newton, Ft. Myers.

Dr. W. H. Grace was elected delegate to the next state convention.

MARION COUNTY MEDICAL SOCIETY

At a meeting of the Marion County Medical Society held January 25th, Dr. J. L. Chalker of Ocala was elected secretary and treasurer of the society, in place of Dr. W. B. Jordan, deceased.

ORANGE COUNTY MEDICAL SOCIETY

The annual banquet of the Orange County Medical Society was held at the Angebilt Hotel, Orlando, January 18th. Drs. G. H. Edwards, G. S. Osincup, W. H. Spiers and J. R. Chappell were in charge of the entertainment for the banquet which was a "stag" affair. The address of the evening was delivered by Dr. C. W. Stiles of Rollins College. Other guests of the society were Drs. J. W. Felty, Hartford, Conn.; E. C. McKee, Indianapolis; H. E. Osterling, Winter Park; H. Mason Smith, Tampa; Ralph N. Greene, Jacksonville.

PASCO-HERNANDO-CITRUS COUNTY MEDICAL SOCIETY

Dr. J. T. Bradshaw entertained the Pasco-Hernando-Citrus County Medical Society at Dade City on the evening of January 12th. A quail dinner was served at the Edwinola Hotel, which was followed by a scientific meeting at the home of Dr. T. F. Jackson. The following officers were elected for the ensuing year:

President—L. H. Dame, Inverness.

First Vice-President—S. C. Harvard, Brooksville.

Second Vice-President—J. T. Bradshaw, Lake Jovita.

Secretary-Treasurer—G. R. Creekmore, Brooksville.

Dr. T. F. Jackson was named delegate to the next convention of the Association with Dr. Geo. A. Dame as alternate.

SEMINOLE COUNTY MEDICAL SOCIETY

The following resolution was adopted by the Seminole County Medical Society at a recent meeting:

Be it resolved, by the Seminole County Medical Society that on account of the increasing burden of charity work and the feeling on our part that public health welfare is not the entire responsibility of the physician, although assumed by us in the past, we deem it necessary to withhold our services unless provision is made for remuneration, except the private charities of our own selection. We feel that under the present conditions, provisions are made to pay for every type of service rendered to indigents except medical service, and feel that it is unfair to expect us to carry this added burden as our just load. Our own private charities we expect to do in all graciousness as we have done in the past, but have resolved to withhold our services gratis from all agencies for doing charity where provisions are made for payment of every type of service except our own. We feel that the funds provided for these agencies are derived from taxes or gifts and we do our part by both.

Be it further resolved, that any member of Seminole County Medical Society employed as either city or county physician will adhere to duties prescribed by the city commission and by the laws of the State of Florida in such cases made and provided.

Adopted this the fourth day of January, 1933.

J. N. TOLAR, *President;*
A. W. KNOX, *Vice-President;*
J. T. DENTON, *Sec'y and Treas.;*

RALPH E. STEVENS,
C. J. MARSHALL,
C. M. MITCHELL,
W. T. LANGLEY,
S. PULESTON,
H. D. SMITH,
G. E. SELMAN,
C. L. PARK,
J. W. MARTIN.

VOLUSIA COUNTY MEDICAL SOCIETY

The January meeting of the Volusia County Medical Society was held at the Halifax Hospital, Daytona Beach, January 10th at 7:30 p. m. Drs. J. Ralston Wells and J. H. Rutter presented papers. Guests of the society were: Dr. Gerry R. Holden, Jacksonville, president of the Florida Medical Association; Dr. Edward Jelks, Jacksonville, president of the Florida East Coast Medical Society, and Dr. S. E. Driskell, Jacksonville, a member of the Committee on Legislation and Public Policy of the State Association.

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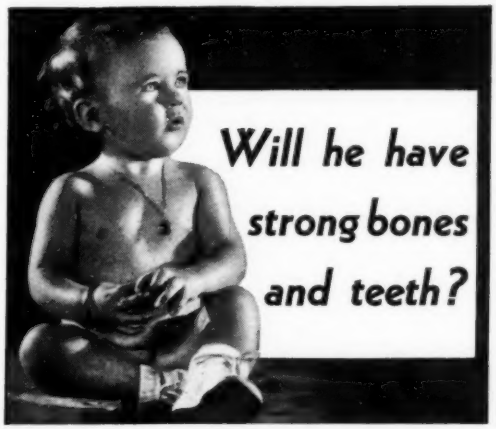

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TO THE

FLORIDA MEDICAL ASSOCIATION, Inc.

State Editor

Mrs. S. E. Driskell

1410 Windsor Place

Jacksonville, Florida

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The Florida Medical Auxiliary is pleased that through its invitation Dr. Arthur J. Cramp, Director of the Bureau of Investigation for the A. M. A., is to fill several speaking engagements in the state during the second week in March, one special address to be made to the State Convention of Federated Clubs at Avon Park.

* * *

Mrs. Shaler Richardson was the gracious hostess to the Duval Auxiliary which held its first meeting of the year in her beautiful new home on San Jose Boulevard on January 12.

The president, Mrs. George Beckman, introduced Dr. N. A. Upchurch, city health officer, who interestingly discussed various problems confronting the medical profession. He told of the need for a national home for doctors when they become too old to carry on their work and urged the enlistment of the Auxiliary in such a project.

After routine business a delightful tea hour was enjoyed.

Officers and committee chairmen to serve with Mrs. Beckman during the year are Mrs. N. A. Upchurch, vice-president; Mrs. G. H. Ira, Secretary; Mrs. F. L. Fort, treasurer; Mrs. Neil Alford, chairman of Hygeia; Mrs. Edward Jelks, chairman of public relations; Mrs. Thomas Palmer, chairman of publicity; Mrs. H. H. Harris, chairman of membership.

* * *

Those who are not familiar with the work often ask what there is for a medical auxiliary to do, and those already enlisted are seeking lines of greater usefulness.

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Our State Auxiliary adopted for its major project this year work along the line of Public Relations.

The following items taken from the monthly news letter just received from Mrs. Milton P. Overholser, national chairman of press and publicity, show something of what is being done in other states:

In Colorado, the Otero County Auxiliary is arranging for a health talk in each of their schools by some doctor or nurse.

The Denver Auxiliary is doing considerable sewing for the Red Cross. They have just made a gift to the loan fund of the Colorado School of Medicine.

Georgia Auxiliary has a Health Film Committee and under their direction health films have been exhibited throughout the state.

In Arkansas, Independence County Auxiliary offered a prize to a negro school for the best essay on Sanitation. Saline Auxiliary is sponsoring the printing in local papers a series of articles on Control of Communicable Disease. (Leaflets on such subjects are furnished free by the National Auxiliary through each state program chairman.)

Minnesota Auxiliary is now sponsoring an essay contest on the subject, "Why I Want to Live in a County that has a Public Health Nurse." This makes the children health conscious and opens up their minds to scientific medicine and medical research.

Pennsylvania reports an Auxiliary membership of 2,679. They are particularly stressing periodic health examinations. Something more than $2,000 was contributed to their Medical Benevolence Fund last year.

The Monongalia Auxiliary of West Virginia gave a prize last month to the Woodburn school for having the highest percentage of physical corrections, the prize being a two years' subscription to Hygeia.

An Auxiliary in Wisconsin is directing a Health Essay Contest among the state high school students based on readings of this year's Hygeia for February, March and April.

One rural county in Missouri reports: "This year, as last, the County Tuberculosis Society is co-operating with our Auxiliary in placing five months' subscriptions to Hygeia in 122 rural and town schools."

In this news letter sent out over the country, Mrs. Overholser told of Duval Auxiliary collecting the overflow of sample medicines and food preparations from the doctor's offices and carrying them to Brewster hospital to be used in their charity work.

Also of Pinellas County reading and discussing letters from state chairmen, and studying medical and health laws as related to state board of health activities.

An article from the out-going president of the Virginia Auxiliary—Mrs. J. A. Hodges, is well worth broadcasting. "No matter how efficient and faithful your officers or how excellent your program, the success of the Auxiliary depends upon the work and support of the individual members. Here are a few suggestions: First, attend the meetings regularly. If you cannot write a paper or make a speech be an appreciative listener. Your presence will encourage the president.

Second, if possible accept cheerfully the work assigned you and always be willing to do your part. Third, make constructive, not destructive, criticisms—the former are always welcome.

'A good thing to remember and a better thing to do—
Is to belong to the construction gang and not the wrecking crew.' "

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